HOMEOPATHIC PRE-CONSULTATION QUESTIONS

Please put a ☑ or an X in the checkbox, if applicable, or a brief answer space provided.

With difficulties, do you?		☐ Finish or	☐ Quit	☐ High school		☐ College	☐ Projects:	☐ Act	☐ Postpone
Desire for children is or was:		☐ Average	☐ High	☐ Low	☐ Lacking	Are you?	☐ Worn out from child-rearing		
Note if have strong to medium desire for:			☐ Bacon	☐ Ham	☐ Sugar	☐ Coffee	☐ Chocolate	☐ Sausage	
☐ Water	☐ Dill or sour pickles		☐ Vinegar	☐ Salt	☐ Veggies	☐ Juice	☐ Ice	☐ Green fruit	
List foods/beverages you dislike:									
☐ Worry about opinion of others			☐ Want to be liked by everyone			☐ Feel unappreciated		☐ Liked dolls as a child	
☐ Tomboy	Prefer: ☐ Individual or		☐ Team sports	☐ Gymnastics		☐ Dance	☐ Tennis	☐ Soccer	☐ Karate
Learning:	☐ Love	☐ Hate	☐ Possibly slow to learn things			☐ Directions difficult unless repeated			
Work prefered:	☐ Artistic	☐ Mental	☐ Manual	☐ With people		☐ Work alone		☐ Outside	☐ Inside
Affection:	☐ Want it	☐ Can do without		☐ Return affection		☐ Friendly		☐ Silent	☐ Loner
Are you particular about order at:			☐ Home	☐ Office	☐ Work	☐ Auto	☐ Truck	☐ Kitchen	☐ Bathroom
☐ Looks in public		☐ Clothes	☐ Hair	☐ Take care of things		☐ Collect things		☐ Neat	☐ Messy
Bothered by:	☐ Disorderly house		☐ Crooked picture		☐ Cabinet door open		☐ Dirt	☐ Germs	☐ Clutter
Money:	☐ Spend	☐ Save	☐ Frugal	☐ Giving	☐ Gamble	☐ Worry	☐ Lottery	☐ Try to impress others	
Sensitive to:	☐ Cold air	☐ Fan	☐ Draft of air	☐ Heat of sun		☐ Cold wind		☐ Winter	☐ Need hat
☐ Chilly from uncovered hand, leg or foot in cold room					☐ Sleepless if hands or feet are cold				
☐ Fascinated by fireworks, matches or fire				☐ As a child	☐ Now				
☐ Desire peace and harmony			☐ Dislike quarreling						
☐ Witnessed a bad accident			☐ Almost in a bad-accident			☐ Thought was about to die			
Give details:									
Fears:	☐ Alone	☐ Animals	☐ Cockroach or bugs		☐ Cancer	☐ Crowd	☐ Dark	☐ Heights	☐ Insects
☐ Narrow place		☐ Robber	☐ Snake	☐ Spider	☐ Stranger	☐ Suffocating		☐ Water	
Vacation:	☐ Shop	☐ Hike	☐ Fish	☐ Beach	☐ Home	☐ Travel	☐ TV	☐ Cinema	☐ Theatre
Exercise:	☐ Often	☐ Some	☐ Dance	☐ Run	Sports:	☐ Watch	☐ Play	☐ Team	☐ Individual
Housework:	☐ Hate	☐ Like	Cooking:	☐ Love	☐ Hate	☐ Never have time		☐ Dine out	
Relationships: ☐ Long-lasting			☐ Short	☐ Painful	Have you ever?		☐ Fainted	☐ Had a seizure	
☐ Became unconscious		For a:	☐ Short time	☐ Long time	Due to a:		☐ Head injury	☐ High fever	
Give details:									
Comments:									

Tel: 972-479-0400 101 S. Coit Rd., Suite. 317, Richardson, TX 75080 Fax: 972-479-9435