

**INTAKE FORM  
BOULDER HOMEOPATHY**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Occupation** \_\_\_\_\_  
**Physician(s)** \_\_\_\_\_

**Childhood Illnesses** ~ Please give ages at which you had the following and indicate if they were severe or long-lasting

Chicken pox:	Scarlet fever:
German measles:	Whooping cough:
Measles:	Other:
Mumps:	

Did you suffer from recurring:

\_\_\_\_\_ coughs                      \_\_\_\_\_ ear infections                      \_\_\_\_\_ "tummy bugs"  
\_\_\_\_\_ bronchitis/chest infections                      \_\_\_\_\_ tonsillitis/throat infections

**Accidents** ~ Please give brief details of any serious falls, burns, broken bones, injuries, etc.

**Operations** ~ Please give brief details of all operations to date

**X-Rays** ~ Please add up (roughly) the number of x-rays you have had

**Dental:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Medications/Supplements** ~ Please list all medications, herbs, supplements, etc. that you are currently taking. Include homeopathic remedies. Separately, make a rough list of main medications you have taken in your adult life.

**Vaccinations** ~ Do you get an annual flu shot? \_\_\_\_\_  
Have you had lots of vaccinations for overseas travel? If so, what year(s)? \_\_\_\_\_

Indicate below which ailments have affected your relatives. Give ages even if they are/were healthy. Possible ailments: AIDS/HIV, alcoholism, allergies (food, environmental, medications), Alzheimer's, arthritis/rheumatism, asthma, cancer, chronic fatigue, diabetes (which type?), epilepsy, frequent colds/flu, gonorrhea, gout, hay fever, heart problems (high blood pressure, angina, arteriosclerosis, strokes, etc.), Hepatitis A/B/C, hernia, herpes (oral, genital), hysteria, jaundice, lung disease, lupus, mental illness (including suicides), obesity, paralysis, pleurisy, pneumonia, skin problems (eczema, psoriasis, etc.), syphilis, thyroid problems, tuberculosis, ulcers, warts (skin, genital), other venereal diseases, and any other physical, mental, and/or emotional problems.

<b>Age if alive</b>	<b>Age at death</b>	<b>Ailments</b>
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mother:

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father:

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sisters:

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brothers:

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maternal grandmother:

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maternal grandfather:

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maternal aunts/uncles:

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paternal grandmother:

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paternal grandfather:

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paternal aunts/uncles:

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## **THREE-DAY FOOD & DRINK DIARY**

**DAY ONE: BREAKFAST/MORNING**

**DAY ONE: LUNCH/MID-DAY**

**DAY ONE: DINNER/EVENING**

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**DAY TWO: BREAKFAST/MORNING**

**DAY TWO: LUNCH/MID-DAY**

**DAY TWO: DINNER/EVENING**

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**DAY THREE: BREAKFAST/MORNING**

**DAY THREE: LUNCH/MID-DAY**

**DAY THREE: DINNER/EVENING**

**Please use this page to describe your life story. I will also discuss your life when we meet, but it is helpful to have your own description as well. Please do not stress over this, just take a few minutes to jot down the most important details.**