

Helen Vuletin, Homeopathic Practitioner, DSHomMed, HD (RHom)
Active Member of National United Professional Association of Trained Homeopaths
(NUPATH) – Registration # **133 038**
Telephone and Confidential Voice Mail: (416) 431-2147
Fax: (416) 431-4725
www.HelenVuletin.com

General Information

Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Email: _____

Date of Birth: _____

Referred by: _____

Medical Doctor & _____

Phone # _____

MEDICAL/PROFESSIONAL WAIVER

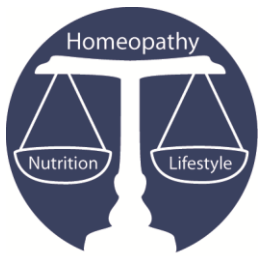
PLEASE READ THE FOLLOWING CAREFULLY (*if under 18 years, a parent or guardian must sign):

I, the undersigned, understand that Helen Vuletin is a homeopathic practitioner and not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions.

In consulting with Helen Vuletin, I am exercising my right to choose an alternative method of treatment through which to address my total health. As homeopathy is not covered by the existing government medical insurance plan, I agree to pay all fees presented in the current rate schedule, including any applicable taxes.

Patient Signature: _____

Date: _____



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Major Complaints

Identify in order of importance to you:

Description	Since	Suspected Causes

Current Medications

List all medications (use a separate sheet of paper if necessary):

Name of Medication	Since	Condition Being Treated

Vaccination History

ANY ADVERSE EFFECTS FROM VACCINATIONS?:

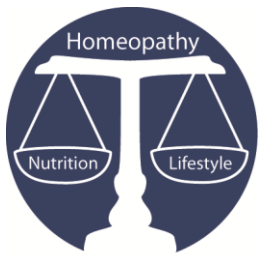
Existing and Past Conditions

Please circle all that apply:

Abscesses, AIDS/HIV, Alcoholism, Anemia, Anxiety disorder, Arthritis, Asthma, Cancer, Chicken pox,
 Cold sores, Colitis, Croup, Depression, Diabetes, Eating disorder, Eczema, Emphysema, Epilepsy,
 Gallstones, German Measles, Goitre, Gonorrhoea, Gout, Hay fever, Heart disease, Hepatitis, Herpes
 genitalia, Influenza, Kidney disease, Leukemia, Malaria, Measles, Miscarriage, Mononucleosis,
 Mood disorder, Mumps, Parasites, Pleurisy, Pneumonia, Post-partum depression
 Prostatitis, Rheumatic fever, Rubella, Scarlet fever, Schizophrenia, Schizoid-affected disorder, Sexual
 abuse, Skin disease, Strep throat, Sinusitis, Stroke, Syphilis, Tonsillitis, Tuberculosis, Typhoid fever,
 Venereal warts, Warts, Whooping cough, Worms, Yellow fever.

ARE THERE ANY OF THE PRECEDING CONDITIONS AFTER WHICH YOU HAVE NEVER BEEN TOTALLY WELL AGAIN? WHICH ONE (S)?

WHAT OPERATIONS HAVE YOU HAD?	WHEN	COMPLICATIONS



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HAVE YOU LOST ANY WEIGHT LATELY? HOW MANY POUNDS? _____

WHAT EXERCISE DO YOU DO AND HOW MUCH? _____

HOW MUCH OF THE FOLLOWING SUBSTANCES ARE YOU USING?

TOBACCO: _____ ALCOHOL: _____

COFFEE: _____ "RECREATIONAL" DRUGS: _____

HAVE YOU BEEN TREATED WITH HOMEOPATHY BEFORE?

HOMEOPATH

WHEN?

FOR WHAT CONDITIONS?

CAN YOU TRACE THE ORIGIN OF ANY PRESENT CONDITION TO ANY PARTICULAR CIRCUMSTANCE (e.g. ACCIDENT, ILLNESS, INCIDENT, MENTAL UPSET, ETC.)

Health History of Relatives

Please circle all that apply:

Alcoholism, Allergies, Arthritis, Asthma, Cancer, Depression, Diabetes, Epilepsy, Gonorrhea, Gout, Hay fever, Heart disease, Mental Illness (specify type), Paralysis, Pneumonia, Skin disease, Syphilis, Tuberculosis, or

ANY OTHER MAJOR AILMENTS: _____

	Age if Alive	Age at and Cause of Death	Ailments
Mother			
Father			
Brothers			
Sisters			
Paternal Grandmother			
Paternal Grandfather			
Paternal Aunts/Uncles			
Maternal Grandmother			
Maternal Grandfather			
Maternal Aunts/Uncles			