

**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](http://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**

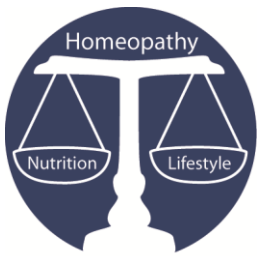
PLEASE READ THE FOLLOWING CAREFULLY (\*if under 18 years, a parent or guardian must sign):

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:

<b>Description</b>	<b>Since</b>	<b>Suspected Causes</b>

### **Vaccination History**

ANY NEGATIVE EFFECTS FROM VACCINATIONS:

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### **Pregnancy and Birth History**

WAS THE PREGNANCY PLANNED? WHAT WAS YOUR REACTION TO THE NEWS OF BEING PREGNANT?

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ANY DEATHS OR BAD NEWS DURING PREGNANCY? \_\_\_\_\_

ANY COMPLICATIONS DURING LABOUR? \_\_\_\_\_

AT WHICH AGE WERE THE FOLLOWING MILESTONES MET:

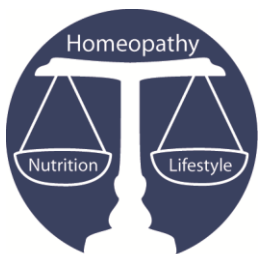
HOLDING HEAD UP ALONE: \_\_\_\_\_ CRAWLING: \_\_\_\_\_ WALKING: \_\_\_\_\_

TALKING: \_\_\_\_\_

BREASTFED UNTIL AGE OF? \_\_\_\_\_ SOLID FOODS AT AGE OF? \_\_\_\_\_

ANY CURRENT MEDICATIONS? PLEASE LIST THEM.

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### Existing and Past Conditions

**Please circle all that apply:**

Abscesses, AIDS/HIV, Anemia, Separation Anxiety, Arthritis, Asthma, Cancer, Chicken pox, Cold sores, Colitis, Croup, Depression, Diabetes, Eczema, Emphysema, Epilepsy, Gallstones, German Measles, Goitre, Gout, Hay fever, Heart disease, Hepatitis, Herpes genitalia, Influenza, Kidney disease, Leukemia, Malaria, Measles, Mononucleosis, Mumps, Parasites, Pleurisy, Pneumonia, 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 YOUR CHILD HAS NEVER BEEN TOTALLY WELL AGAIN? WHICH ONE (S)?

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### Health History of Relatives

Please circle all that apply:

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

ANY OTHER MAJOR AILMENTS: \_\_\_\_\_

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