

**RENITA HERRMANN**  
Classical Homeopath, CCH, RsHom(NA), MS  
415-221-6635 (office, fax)

**CLIENT SCREENING QUESTIONNAIRE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ How did you hear about me?

\_\_\_\_\_ (all referrals receive free followup)

Have you had previous homoeopathic treatment? (circle one) Yes No

If yes, what remedies? What potency? How often did you take it? Date of last dose?

\_\_\_\_\_  
\_\_\_\_\_

Do you know what the remedies were prescribed for? (circle one) Yes No

If yes, please explain (acute or chronic?) \_\_\_\_\_

Why do you wish to change practitioner? \_\_\_\_\_

If you have never used homoeopathy before, why do you seek homoeopathic care?

\_\_\_\_\_

Are you currently on medication? (circle one) Yes No If yes, what? \_\_\_\_\_

Dose? Frequency? When started? What for?

\_\_\_\_\_

Antibiotics? \_\_\_\_\_ Prednisone? \_\_\_\_\_ Thyroid? \_\_\_\_\_

HRT? \_\_\_\_\_ Antidepressants/Psychotropic? \_\_\_\_\_

Sleep medications? \_\_\_\_\_ Anti-inflammatory med? \_\_\_\_\_

Do you take birth control pills? (circle one) Yes No Inhaler? \_\_\_\_\_

Naturopathic supplements? \_\_\_\_\_

Herbs? Chinese \_\_\_\_\_ Western \_\_\_\_\_

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*NOTE: To get the clearest picture requires the clearest possible picture of the disturbance. With consent of the relevant practitioner, discontinue drugs and herbs two months prior to homeopathic remedy. It is important to understand that this modality encompasses ALL illnesses during this time, and you should call me if you develop new symptoms (flu, cold, stomach problems, allergies not listed, emergencies that involve trauma after going to the ER, ear infections, etc). Sometimes things you think are problems are the symptoms I'm waiting to see return, so the body can deal with them. Communication is important!*

*It is also important to understand many over-the-counter (OTC) and prescription medicines are suppressive; that is, they suppress symptoms that are valuable to me as a homeopath. This means I do not have those symptoms to work with, and it will be harder to reach a remedy if you suppress these important symptoms. CALL FIRST!*

Have you used any of these forms of healing recently?

	When?	Frequency?
Acupuncture	_____	_____
Osteopathy	_____	_____
Chiropractic	_____	_____
Massage	_____	_____
Psychotherapy/psychiatry	_____	_____
Spiritual healing	_____	_____

Do you take, or have you ever taken, recreational drugs more than once? \_\_\_\_\_

Have you taken drugs prophylactically? \_\_\_\_\_ For what condition? \_\_\_\_\_

Have you had traditional vaccinations as a child? \_\_\_\_\_ Adult? \_\_\_\_\_ Reactions? \_\_\_\_\_

Do you have any replacement parts (i.e. shunt, pacemaker, foreign body)? \_\_\_\_\_

Do you have a diagnosis of serious illness (no details please)? (circle one) Yes No

Disease name? \_\_\_\_\_ Treatment? \_\_\_\_\_

\_\_\_\_\_ Are you under physician's care? Yes No

Anything else you think might be important to your treatment that I should know about?

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