



# Homeopathy Centre

Raisa Weisspapir Homeopath, DHMS, Reg. Member of HMCC(ON), MD (Europe)  
3910 Bathurst St., Suite 207, Tel. (416) 227-1485

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: D/M/Y \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: S M D W Sep. Number of Children: \_\_\_\_\_ Referred by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Major complaints in order of importance for you:**

Complaint	Since	Causes

**Are you currently under the care of any other physicians?**

Physician	For What Condition	Treatment

**What medications are you currently taking?**

Medication	Since	Adverse effects

**Which of the following conditions have you had?**

Abscesses	Depression	Heart Disease	Miscarriage	Rheumatic Fever	Syphilis
Addiction	Diabetes	Hepatitis	Mononucleosis	Rubella	Tonsillitis
Allergies	Emphysema	Herpes Genitalia	Mumps	Scarlet Fever	Tuberculosis
Amnesia	Epilepsy	Influenza	Parasites	Sexual Abuse	Typhoid Fever
Arthritis	Gall Stones	Kidney Disease	Pelvic Inflammatory Dis.	Skin Disease	Venereal Warts
Asthma	Goitre	Leukemia	Peritonitis	Strep. Throat	Warts
Cancer	Gonorrhoea	Lime Disease	Pleurisy	Sinusitis	Whooping Cough

Chicken Pox	Gout	Malaria	Pneumonia	Sunstroke	Worms
Cold Sores	Hay Fever	Measles	Prostatitis	Stroke	Yellow fever

Age of First Menses: \_\_\_\_\_ Number of Pregnancies: \_\_\_\_\_

**What Surgeries have you had?**

Operation	When	Complications

**What major injuries have you had?**

Injury	When	long term effects

What vaccinations have you had? \_\_\_\_\_

Any adverse effects from them? \_\_\_\_\_

Have you lost any weight lately? How many pounds? \_\_\_\_\_

Do you exercise? If so, how often? \_\_\_\_\_

**How much of the following substances are you using?**

Tobacco: \_\_\_\_\_ Alcohol: \_\_\_\_\_

Coffee: \_\_\_\_\_ Recreational Drugs: \_\_\_\_\_

**Please indicate below, which of the following ailments, or any other major conditions have affected your relatives:**

Alcoholism	Asthma	Diabetes	Gout	Insanity	Skin Disease
Allergies	Cancer	Epilepsy	Hay Fever	Paralysis	Syphilis
Arthritis	Depression	Gonorrhea	Heart Disease	Pneumonia	Tuberculosis

Relative	Age if Alive	Age at Death	Ailments
Mother			
Father			
Brothers:			
Sisters			
Children			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			

