



Renee Edwards, DCHM, BFA

Are there any of the preceding conditions after which you have not been totally well again? Which Ones? \_\_\_\_\_

\_\_\_\_\_

Age of first Menses: \_\_\_\_\_

Number of Pregnancies: \_\_\_\_\_

**Are You Currently Under the Care of a Physician(s)?**

Physician For What Condition? Treatments

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

**What Major Operations Have You Had?**

Operation	When	Complications

**What Major Injuries Have You Had?**

Injury	When	Complications

**Did you have any of the following Childhood Illnesses:**

Measles	Yes	No	Have you had any adverse effects from the illness? _____ _____
Mumps	Yes	No	
Rubella/German Measles	Yes	No	
Chicken Pox	Yes	No	
Whooping Cough			

**Vaccine History:**

Have you had routine childhood vaccinations? Yes No

**Any Adverse effects from any vaccines?**

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

**How Much of the Following Substances Are You Using?**

Tobacco \_\_\_\_\_ Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Recreational Drugs \_\_\_\_\_

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

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

Relative	Age if alive	Age at death	Ailments
Mother			
Father			
Brothers			
Sisters			
Children			
Maternal Grandmother			
Maternal Grandfather			
Maternal Aunts/Uncles			
Paternal Grandmother			
Paternal Grandfather			
Paternal Aunts/Uncles			

**Is there any other information that I would need to know?**

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**Medical/Professional Waiver**

PLEASE READ THE FOLLOWING CAREFULLY (if under 19 years of age, a parent or guardian must sign.) I, the undersigned, understand that Renee Edwards is a homeopath 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 Renee Edwards, 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. I acknowledge that all personal information will be kept confidential.

Patient Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_