



*Sam Adkins*  
**THE HOMEOPATHIC COACH**  
OVERCOME HEALTH CHALLENGES NATURALLY

Dear Client,

Thank you for booking in for your online consult with Sam Adkins, The Homeopathic Coach.

In this pack you will find two forms. Please fill these out and save them and then [email them as an attachment to: sam@thehomeopathiccoach.com](mailto:sam@thehomeopathiccoach.com) at least 48 hours before your consultation time. (Note: Mac users please save form as a zip file and attach)

If there is any extra information you would like to send, feel free to do so in the same email.

I look forward to meeting you on skype and helping you overcome health and well being issues naturally!

Best wishes

*Sam*



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with our **EASY ONLINE COURSES**





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## CHILD HEALTH HISTORY

Please complete this form and **BRING IT WITH YOU** to your initial consultation.  
 Online consults: Please save and email to [sam@thehomeopathiccoach.com](mailto:sam@thehomeopathiccoach.com)

### PATIENT DETAILS

Child's Name: .....

DOB ..... Age ..... Sex .....

Parents' Names .....

Address: .....

.....

Email: .....

Phones: ..... H ..... W ..... M.....

### GP

Name: .....

Phone: .....

Address: .....

.....



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**MAIN HEALTH ISSUE**

What problem would you like treated (please describe) .....  
.....  
.....  
.....  
.....

List your child’s current symptoms and any factors which make them better/worse

(activity/rest/foods/temperature/weather etc)

Symptom .....  
Modifying factor .....  
.....  
.....  
.....

When did this problem start? (include here any events that preceded it such as,moving house, after an illness.)

.....  
.....  
.....  
.....

Please list all conventional and complementary medical treatments you have tried so far for this issue.

Please rate them on a scale of (1 low efficacy and 5 highly efficacy)

.....  
.....  
.....  
.....

Additional health issues

.....  
.....  
.....  
.....

What medications/supplements/herbs is your child currently taking?

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.....  
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.....  
.....  
.....



## PATIENT GENERAL HEALTH INFORMATION

Does your child have? Please rate all of the following on a 1-5 scale (1 is low severity and 5 is high severity)

Allergies/sensitivities to Drugs (eg penicillin).....  
Foods.....  
Environmental (eg pollens or dust) .....

## DIGESTIVE SYMPTOMS

Tummy Pain.....  
Bloating.....  
Indigestion .....

Diarrhoea .....

Constipation.....

Wind/burping .....

Itchy bottom/nose .....

How often does your child have a bowel motion? .....

Does your child have any food cravings?.....

Are there any foods which disagree with your child? .....

## SLEEP PROBLEMS

Difficulty getting to sleep .....

Waking during sleep ..... What time? .....

How is your child on waking?.....

## SYMPTOMS IN OTHER AREAS? (Please check any thing current)

- Head  eyes  ears  nose  teeth  chest  urinary tract  menstrual  reproductive
- skin  skeletal

Does your child have any of the following currently or in the past (please check)

- Eczema  asthma  hayfever

## BODY TEMPERATURE

Would you describe your child's body temerate as (please check)

- Average  Warmer than normal  Cooler than normal

Are your child's hands/feet usually (please check)

- Hot  Cold  Sweaty  Clammy

## MORE ABOUT YOUR CHILD

Fears or phobias .....

Is your child anxious? please describe: .....

.....

Describe your child's usual temperament .....

.....

Please outline here any emotional/behavioural problems your child may be experiencing .....

.....

.....







## PATIENT PRACTITIONER AGREEMENT FOR LONG DISTANCE CONSULTATIONS

This agreement is designed to protect both the patient and practitioner when working together long distance, interstate or internationally. Please read through carefully and check the box indicating your agreement. Then please print out, sign, scan and email back as an attachment, or post to the address at the bottom of this page.

- I understand that the best outcome for homeopathic treatment is usually achieved by a face-to-face consultation
- I understand that physical examinations which may be necessary are not possible long distance, and that they may be needed for a fully accurate health assessment.
- I therefore agree to take the advice of my homeopath in visiting my local doctor/GP/MD or another medical practitioner should it be advised, and that this is my responsibility.
- While knowing these factors I choose to have a long distance consultation with Sam Adkins, The Homeopathic Coach

Signed: .....

Date: .....

Name: (block capitals) .....

