

CONFIDENTIAL Case Record

NAME: Mr / Mrs / Miss / Ms DATE:

HOME ADDRESS:

PHONE : MOBILE:

Email:

DOB: TIME: PLACE: AGE:

PRESENT OCCUPATION: MARITAL STATUS:

Personal Medical History: Immunisation - antibiotics - abortions - surgery - broken bones
operations - sexual problems - hospitalization - other

A) Family Medical Conditions History (Kavaiya gunya)

- Mother
- Father
- Sisters
- Brothers
- Grandparents

Allergies: Dust - carpets - Animal fur - Powders - conserved foods
milk - alcohol - peanuts - dairy - other

Do you have any cravings: sweets - drinks - alcohol - smoking

- Alcohol - times /week.
- Cigarettes - how many daily or have quit for how many years
- Recreational drugs -

Agreement and Understanding

I understand that Ayurveda is a form of natural medicine with its own science and although the examination and questioning maybe similar to that of a medical doctor the practitioner (Peter Kingsnorth) is evaluating his findings from an Ayurvedic / Naturopathic perspective only, that his examination does not take the place of a medical evaluation or diagnosis by a qualified Medical Doctor.

I understand that as the patient I have to take responsibility for successful treatment outcome by:

1. Being honest and fourth coming with information on my current health issues and medications.
2. Adhering to the specific treatment plan agreed upon and following the relating directions.
3. Raising any concerns immediately with the practitioner (Peter kingsnorth).

I also agree that all information given in consultation will remain confidential.
I have read and understand that mentioned above.

Signed

