



**What Major Operations Have You Had?**

Operation	When	Complications

**What Major Injuries Have You Had?**

Injury	When	Complications

**Vaccination History/Childhood Illness:**

Measles	Yes	No	Any Adverse Effects from any of these Vaccinations?: _____
Mumps	Yes	No	
Rubella/German Measles	Yes	No	
Chicken Pox	Yes	No	
Whooping Cough	Yes	No	

**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    Gonorrhoea    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?**

\_\_\_\_\_

\_\_\_\_\_

**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 Lisa Decandia is a homeopathic practitioner of classical homeopathy 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 Lisa Decandia, 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 agree that "symptoms" from my consultations may be used for homeopathic teaching purposes. I acknowledge that all personal information will be kept confidential.

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

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