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## Medical Background Form

Don't worry if there are some questions you don't have answers to—just fill out what you can. Please use another sheet of paper if necessary. This information is confidential.

**NAME:**

**CURRENT AGE:**

### **PRENATAL AND BIRTH**

Please state (if known) whether your mother had any medical complications, illnesses, emotional trauma, or other problems while she was pregnant with you. Was she taking any medications?

How was your birth (if known)? Natural, induced, difficult, premature, Cesarean? What drugs, if any, were used during labor?

### **INFECTIOUS DISEASES AND HEALTH HISTORY**

What infectious diseases have you had, including childhood diseases, severe flu, mono, serious food poisoning, etc.?

Did you have any bad reactions to immunizations? If yes, please indicate the reaction, your age, and which immunization, if known.

Did you have any significant health issues as a child (eczema, asthma, allergies, recurring coughs/chest, throat, or ear infections, etc.)

Please list all operations/hospitalizations/serious injuries to date:

**CURRENT MEDICATIONS** (Please list medications, herbs, etc. that you are currently taking):

**FAMILY HISTORY**

Please list your familial health issues, such as: Alcoholism/Addictions, Allergies, Asthma, Autism/Asperger's, Birth Defects, Cancer (specify type), Diabetes, Epilepsy, Heart Disease, Hepatitis, Kidney Disease, Mental Illness, Psoriasis, Rheumatism/Gout, Stroke, etc.; and infectious diseases in the family history, for example: Cholera, Diphtheria, Malaria, Polio, Scarlet Fever, Tuberculosis/Pleurisy, Typhoid, Venereal Diseases, etc.

<i>Relation to Client</i>	<i>Infectious Diseases/Health Conditions/Causes of Death</i>
Mother	
Father	
Brothers/Sisters	
Maternal Grandparents	
Maternal Great-Grandparents	
Maternal Aunts & Uncles	
Paternal Grandparents	
Paternal Great-Grandparents	
Paternal Aunts & Uncles	