

CONFIDENTIAL

## PERSONAL MEDICAL HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please record details of any illnesses, accidents, hospitalizations, medical investigations (eg X-rays, scans, etc.), emotional and mental traumas, and any other traumatic events that you have experienced.

Include enough detail to describe the event and treatment, in chronological order, with some blank space between each event. [See examples below.](#)

<b>Date</b>	<b>Event</b>	<b>Treatment</b>
Eg. Jan 06	Food poisoning.	Hospital, observation.
Eg. May 05	Headaches on and off for 2 weeks. Back of head and at night.	Visit to GP, panadol and X-Ray, visit to chiropractor
Eg. Aug 84	Divorce – very stressful.	Visit to GP, blood pressure medication.

**YURI ORLOW, CLASSICAL HOMOEOPATH**  
**18 Uplands Dr Parkwood Q 4214**  
**Ph/Fax 07 55716090**

[yuri@homoeopathyplease.com](mailto:yuri@homoeopathyplease.com) [www.homoeopathyplease.com.au](http://www.homoeopathyplease.com.au)

CONFIDENTIAL

## PERSONAL MEDICAL HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_


**YURI ORLOW, CLASSICAL HOMOEOPATH****18 Uplands Dr Parkwood Q 4214****Ph/Fax 07 55716090****[yuri@homoeopathyplease.com](mailto:yuri@homoeopathyplease.com) [www.homoeopathyplease.com.au](http://www.homoeopathyplease.com.au)**

CONFIDENTIAL

PERSONAL MEDICAL HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_


**YURI ORLOW, CLASSICAL HOMOEOPATH**  
18 Uplands Dr Parkwood Q 4214  
Ph/Fax 07 55716090

[yuri@homoeopathyplease.com](mailto:yuri@homoeopathyplease.com) [www.homoeopathyplease.com.au](http://www.homoeopathyplease.com.au)