



Information Sheet and Registration Form

I am both a Registered Medical Practitioner and Naturopath and practise holistically. This means that I examine health from emotional, spiritual, physical and psychological perspectives.

Techniques are drawn from my experience of medicine both traditional and naturopathic. As a result consultations will generally take longer and the first appointment is usually quite detailed to allow complete assessment and investigations as necessary.

I predominantly use herbal medicine, homeopathy, and nutritional treatments in my practice.

However further tests may be required via blood, urine tests or x-rays.

Please could I ask you to fill in this questionnaire.

Date: _____

Name: _____ D.O.B: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____ Occupation: _____

Current GP: _____ Health Insurance: _____

What is your health concern today? _____

Biomedical risk factors

Have you suffered any of the following? (Please circle)

- High cholesterol Yes / No
- High blood pressure Yes / No
- Impaired glucose metabolism Yes / No
- Excess weight Yes / No
- Exposure to heavy metals/solvents at home Yes / No

Lifestyle risk factors

- Smoker yes / no
- Exercise per week _____
- Alcohol per week _____
- Drugs _____
- Weight (In Kg's) _____

Past Medical History including operations: _____

Parental medical History: _____

Stresses in the last few years including bereavements: _____

Please list any medications that you are currently taking including supplements: _____

Allergies: _____

Is your home / work area damp or musty Yes / No

Last smear and mammogram including results: _____

How did you find out about this practice? _____

I understand Dr S Levin practises holistic medicine and will inform me of conventional and complementary methods to attain health.

Signed:

Date:

Please circle any of the following symptoms or conditions that you experience. Place an asterisk for anything that is severe.

Energy/ Immune

Fatigue
Restlessness
Lack endurance
Dizziness
Insomnia
Frequent infections

Emotional/ mental

Depression
Mood swings
Anxiety
Poor concentration

Neuro/ ENT

Itchy ears
Ear infections
Ringing/ Hearing loss
Discharging ear
Sinus problems
Hay fever
Postnasal drip
Itchy eyes
Dark circles under eyes
Sore throat
Headaches

Digestive Tract

Nausea/vomiting
Diarrhoea
Constipation
Bloating
Heartburn
Belching/ flatulence
Itchy back passage

Heart/ Lungs

Palpitations
Chest pain
Asthma/ bronchitis
Shortness of breath
Cough

Joints/ muscles/ skin

Joint aches/Stiffness
Muscle aches
Cramps
Acne
Hives/ rashes
Eczema/dermatitis
Ridges/spots nails
Sweats

Other

Binge eating/ drinking
Craving sweet or savoury
Genital itch/ discharge
Urination problems

Thyroid

Tiredness and sluggish
Dryer hair + skin
Need more sleep
Muscles weaker
Constant feeling of cold
Frequent muscle cramps
Poor memory
Slower thinking
Difficulty with maths
Hoarser voice
Constipation
Coarse hair/ loss
Low sex drive
Puffy hands and feet
Unsteady gait
Gain weight easily
Outer third eyebrows thin

Hormones

Hot flashes
PMT
Cystic breasts
Fibroids
Endometriosis
Irregular periods