Patients pre-consultation form.

**In accordance with Regulation 2016/679 of the European Parlament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data, the request for confirmation of their consent to the use of personal data for medical purposes only in the  homeopath practice of MD Santa Liepa.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature**

|  |  |
| --- | --- |
| Name, surname, birth date or ID , phone number, e-mail, adress, occupation |  |
| The main problem, symptoms and history |  |
| Aditional problems, symptoms and hystory |  |
| Diseases during life, operations, traumas |  |
| Congenital and chronic diseases in family |  |
| Pregnancy, delivery, menstruation cycle |  |
| Sleep, dreams |  |
| Fears |  |
| Peculiarity of character |  |
| Favourable and unlove food |  |
| Stool, urination |  |
| Perspiration |  |
| Skin problems during life |  |
| Reaction to weather condition |  |
| Previous traditional and homeopathic treatment |  |