

Questionnaire for subsequent Homoeopathic consultations With John Rawlings DI Hom HMD FBIH MHMA

Once you have completed the questionnaire in as much detail as possible, please email it to info@thenaturalmedicinepractice.com or send it by post to **The Natural Medicine Practice, 38 Norton Road, Hove, Sussex BN3 3BH**

If you wish to benefit from the Radionic service, include in a separate envelope a sample of five or more strands of hair from your head.

You may pay online or by cheque.

Please make cheques payable to The Natural Medicine Practice.

1. Personal Details

First Name(s) --

Surname --

Address --

Zip or Postcode --

Country --

Email --

Telephone --

Age --

DOB --

Gender --

Marital Status & no. of children --

2. Response to treatment

Write down in as much detail as you can, your response to the remedy you received. This can be a change of physical, emotional, mental symptoms, or anything you feel would be useful to mention.

3. Effect of treatment

Score the effect of the prescribed remedy on a scale of one to ten, with five being average and ten being a very significant or complete improvement.