

Questionnaire for subsequent Homoeopathic consultations With John Rawlings DIHom PgDSHom 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, 43 Montgomery Street, Hove, Sussex BN3 5BE**

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.

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.