

<b>Dossier no:</b>	<b>To be completed by Clinic for Homeopathy</b>
<b>Name:</b>	
<b>Date of birth:</b>	
<b>Please include a recent picture with the e-mail</b>	
Date first consultation:	
Insurance:	
Address:	
Postal code & city:	
Phone no:	
Skype name:	
Mobile:	
Email:	
Marital status:	
GP:	
Family members:	
Study/profession:	
“ “ parents:	
Child vaccinations:	
Travel vaccinations:	
Other vaccinations:	
Hereditary diseases:	
<b>Reason for visit:</b>	