

DIRECTIONS & PARKING

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From the North:

Take 405 South, exit Howard Hughes Parkway and make a right onto Howard Hughes off the ramp. Turn right at bottom of ramp back onto Howard Hughes and up the hill to Sepulveda Blvd. Get in the left-hand lane to turn left onto Sepulveda Blvd.

From the South:

Take 405 North, exit Howard Hughes Parkway and continue going straight from the ramp. Get into the left-handed lane to turn left onto Sepulveda Blvd.

North and South Continued from Sepulveda Blvd.

The building is located on the right-hand side of Sepulveda Blvd, on the northwest corner of Westchester Parkway and Sepulveda Blvd. in the H.B. Drollinger (olive and grey) building.

From Sepulveda Blvd. pass through La Tijera Blvd. and turn right at H.B. Drollinger way. This light will turn you into the strip mall. There will be a Ralphs and a CVS in the parking lot. The best parking is above the CVS on the rooftop. You will be able to park there free for up to 3 hours or more. You can take the (slow) elevator or stairs down to ground level. After exiting the elevator continue to walk to the far right of the parking structure. You will see the building and walk through an alleyway to the courtyard of our building. Stay to the right thru the glass door and onto the elevator to the 5th floor.

ADULT INTAKE FORM

Name:

Address:

Telephone: Home: Office: Cell:

Age: Sex: Male / Female

Diet: Basic / Vegetarian / Vegan

Special Diet Specifics:

Occupation:

Education:

Single / Married / Divorced

How is the health of your spouse?

Number of children? (living and deceased-state cause of deceased)

Any abortions / Miscarriages / Stillbirths?

Child's name: Sex: Age: Past/Present Illnesses (if any):

1.

2.

3.

Reason for Visit?

PREVIOUS DISEASES AND MEDICATIONS USED

Every disease, poisoning, or accident leaves its mark and remains as a weak point in the system. Homeopathic treatment takes into account all of these details of the past and works to remove all the weak points. Thus, your body is strengthened. That is why it is necessary for us to know about all the ailments you have suffered from in the past and the treatments you have taken. In the list below, circle the names of all major illnesses so far suffered and give its relevant details.

Disease/Illness:

Typhoid Cholera Malaria Measles/German Measles

Chickenpox Smallpox Mumps Whooping Cough

Food Poisoning Worms Diarrhea Dysentery

Rheumatism Rickets Malnutrition Fainting

Muscle Skeletal Issues: Backache/Spine/Neck

AIDS/HIV Gonorrhoea Syphilis Herpes

Other Sexually transmitted diseases:

Miscarriage Abortion D and C Uterine Prolapse

Illness during Pregnancy:

Heart Problems:

High Blood Pressure:

Diabetes:

Jaundice Liver Disease:

Spleen Disease:

Gall Bladder Disease:

Kidney Problems:

Bladder Problems:

Prostate Problems:

Surgeries:

Anesthesia: Local / General

Puncture (spinal tap):

Skin Disease:

Pimples Boils Carbuncles Herpes

Ringworm Fungus Urticaria

Scabies Eczema Ulcers

Tonsils, Adenoids, Diphtheria, Infected tonsils / Adenoids:

Recurrent Infections: Sinusitis

Bronchitis Cold / Fever/ Chill Pneumonia

Asthma-Pleurisy-Tuberculosis

Meningitis, Lumbar:

Polio:

Abdomen, Appendix:

Hernia, Hemorrhoids:

Kidney stones Gall stones Uterus Penis:

Hydrocele, Cataract:

Any hemorrhage or major bleeding from any part of body:

Any major accident or injury to the body or head:

Any occasion of unconsciousness:

Chronic Headaches

Numbness, Cramps:

Seizures, Convulsions:

Paralysis:

Any serious emotional issues:

Shock

Grief/Sadness/Disappointments

Fear/Fright

Depression/Nervous breakdown

Additional information relating emotional upset:

Additional Illness/Disease/Surgery information:

Diseases: Age: Duration: Recovery:

1.

2.

3.

Personal Habits:

Coffee/Tea:

Sleeping Pills:

Laxatives:

Smoking /Chewing tobacco/Snuff:

Alcohol:

Drugs:

Dear Patient,

Please be advised that I am not a medicare provider. I do not take MediCal, Disability, or Assignment from Insurance carriers.

Patient Signature and Date:

1. Notify us 24hours (one full business day) before in order to cancel or reschedule an appointment. This allows us time to book another appointment and plan our schedule a day in advance. If not you **will be charged** in full for the visit.

2. Please call and leave a brief message (vm is only 60sec long) including your phone number incase we do not have it readily available. Any questions or message can and will be answered as soon as possible. Doctor Gramlich is available for emergency or serious issues by email: robgramlich@sbcglobal.net Please take into consideration follow up visits are scheduled for a purpose so please use the email address wisely.

Patient Signature and Date:
