HOMEO FOUNDATION
WORLD CLASS HOMEOPATHIC CLINIC
CASE TAKING FORM

Please fill the questionnaire in full. Things that you might feel "medically not relevant" like your habits , pattern of behaviors , likes and dislike , moods, strange feeling and sensations etc, can play important role in medicine selection.

Report your individual inclination to the illness, particular changes that you noticed recently in appetite, in like or dislike for particular foods, in behaviors, in sleep patterns, in bowel habits, dreams etc.

Name : ____

Age : ____________________ Sex: _____________________

Plot/ Flat No : ____

Street Address: ____

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City : ____________________ State __________________________

Country : ____________________ zip code ________________________

Contact No : _____________________ Skype Id (If Any) __________________

E- Mail Address: _________________________________

Please write a brief of your Present Problems and information's about how long you have had them (in chronological order). (eg:" Difficulty in breathing ……………..…. started in after being out in the cold for……. Days.

Present problems:-

Family history:-

Please tell about diseases of paternal and maternal grandparents. It helps in selection of medicine for diseases like Allergies, skin problems, asthma, migraines, diabetes, mental disorder or any other neurological disorders, heart problems etc. For example" Elder sister has/had eczema, paternal aunt died because of complications of heart disorders, maternal grandma had diabetes," etc.

Childhood history:-

(As far you can remember) whether your delivery was normal or Caesarian, whether there is a history of Neonatal jaundice, Measles, Mumps, and Typhoid etc. Side effects of vaccination like fevers, loose bowels, running nose, coughs etc.

and also: Milestones of life (as far as you can recollect) like teething trying to sit up, walking, talking, etc. (on time, delayed early).

History of broken bones, accidents, head injuries, dog / insect bites etc.

GENERAL INFORMATION

a) **How is your appetite?**

b) **Is there a tendency to indulge in particular kinds of foods (ex. sweets /sour/salty foods)**

c) **Do you have allergic or sensitive to any foods?**

d) **What kind of weather are you most comfortable in? (Summer/humid/ Winter)**

e) **Are you particularly uncomfortable in any weather or climate? If Yes Please write**.

f) **Do you sweat at all? If you do, where do you sweat noticeably? (Scalp/upper lip/under arms/back/chest)**

g) **Under what circumstance you sweat. (During eating/under tension/ after physically exhort)**

h) **Are you feel more comfortable the open air or in closed rooms?**

i) **Do you dream? If yes, do you remember them? What is content in general? (eg: daily events falling into space, running after train, etc.)**

j) **Quality of sleep? (Feeling refreshed after sleep or tired, laziness etc).**

k) **Tell something about your regular/daily habits (regular constipated/diarrhoea)**

1. **Is it modified by anxiety? By diet (eg: food cause diarrhea)?**

l) How is your liquid intake? (Feel thirsty all the time/fairly normal)

m) How would you describe yourself?(Admirable/social/attendance to be picky about things like cleanliness and keeping appointment etc.)

n) How do you react to stress/tension? (Tend to be verbally expressive/to keep things to yourself and broad about them, etc.)

o) Additional Information (If any)

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ADDITIONAL QUESTIONS FOR FEMALE PATIENTS

a) Age at onset of Periods?

b) Periods? (regular / Irregular)

c) Physical symptoms preceding the onset of periods (eg: heaviness /pain in the breasts , changes in moods/ appetite/bowel habit, backache, Pain in the legs, Headaches, dreams etc) ?

d) Duration and interval between periods (eg: bleeding last for 3-5 days and the interval between period is 27 days?

e) Are you using any contraceptive pills?

f) Any discharge before / during / after periods?

g) Number of children and whether they delivered normal? Any post-delievery problems?

h) Were the children breast fed or not? Any problems during the breastfeeding phase?

i) Any abortions?

j) Does the periods cease gradually or abruptly?

k) Have you had any operation done in the pelvic area