

**HOMOEOPATHIC QUESTIONNAIRE**

Please be assured that all the information provided by the patient shall be kept absolutely ***confidential*.**

Things to be kept in mind before filling the case form:

* The form should be filled by the patient himself/ herself. In case of children, the form should be preferably filled by one of the parents.
* All the questions should be ideally answered in detail as it gives the homoeopath a clear idea of the process of illness.
* There may be certain questions which may not seem relevant but they are very important in knowing the patient’s personality and hence help in deciding the correct medicine. These details should be filled frankly and without reluctance or hesitation.
* If any question seems uncomfortable, it can be always talked about in person during the consultation session.

*Homoeopathic treatment effectively relies on not only the physical aspect of a person’s illness but also his/ her mind state and nature. Hence an open and frank commitment to this idea favors the treatment protocol rendering it valuable to the homoeopath to understand the person holistically and further helps in selection of the exact remedy.*

PRELIMINARY DATA

Name:

Age/ Date of birth:

Sex: Male/ Female

Status: Single/ Married/ Widowed/ Divorcee

Religion:

Address:

Contact:

Email id:

Education:

Occupation:

Referred by:

Preferences: Veg/ Non-veg

Habits: Tea/ Coffee/ Liquor/ Tobacco, etc.

Description of family set up: (immediate family members who you live with; your relationship with them; their nature)

Description of work set up: (describe about your job profile; satisfaction at work; job aspirations and responsibilities; any emotional factors involved – eg stress, competition, etc.)

Description of daily routine: (daily activities from waking up to bedtime can be included + meals)

HISTORY OF CURRENT AND PAST ILLNESS

Description of chief complaint: (describe in full what symptoms you experience; since when; the area affected; causes which triggers; sensation; things that increase or give relief in the symptom; any other symptom experienced with the main complaint)

{For example – if you have a symptom of headache. The following parts are expected to be filled in :

1. Onset – since 2-3 years. Frequency is generally once in a week.
2. The area affected – left side of the head, the forehead and extends to the left eye.
3. The cause which triggers a headache – like exposure to sun, irregular eating time, lack of sleep, stress, etc.
4. The sensation – throbbing or pulsating type of pain.
5. Things which increase the pain – light and noise.
6. Things which give relief – sleeping, pressure on the painful area.
7. Other symptoms – anger and irritability, no desire to talk to anyone during pain.}

Description of past illness: (any history of previous infection/ injury/ accident/ surgery/ hospital admission; any disease for which long term treatment was taken and has now subsided)

Description of family history: (any major health issues of immediate family members; any illness that runs strongly in the family)

PERSONAL DATA

Appetite/ Hunger:

Thirst for water:

Preferred food/ drinks: (like or dislike for specific taste sweet/ spicy/ sour/ salty/ bitter. Any food allergy or foods which do not suit)

Urine: (frequency per day; any issues)

Stool/ bowel motion: (frequency per day; any issues)

Sweat: (how frequently do you sweat; which body parts sweat most; any smell or stain of your sweat)

Sleep/ Dreams during sleep: (hours of sleep; any problem falling asleep; any habits during sleep; particular dreams; your reaction to dreams; significance of your dream according to you)

Sexual history: (if active, frequency; any issues)

Menstrual history: (any issues with periods and its regularity)

Obstetric history: (details about pregnancy; any problems with pregnancy)

Reaction to environment: (what type of weather is suitable to you; any problem with any particular weather; any problem of travelling sickness; reaction to bright light or loud noise)

EMOTIONAL NATURE AND BEHAVIOUR:

(give a detailed account of your nature; things that affect you emotionally; sensitivity; fears/ phobias; anger; aims and goals in life; nervousness or anxiety; how particular are you about things; friends and social life; any issue with any family member; relationships; work stress; any past events which have affected you emotionally, etc.)

ENCLOSURES: Attach a copy of the following if any

1. Previous reports of investigations like X-Rays, sonography, blood/ urine test, etc.
2. Notes of previous medical treatment.