

CASE HISTORY OF THE PATIENT

Homeopathy is not about treating or suppressing a particular symptom but it treats the body as whole i.e. Homeopath does not provide medicine just for a particular disease. It does not have a specific medicine for each of the disease such as cold and cough or a particular tablet for your jaundice or dysentery etc. or say heart trouble or some equally serious sickness

Homeopathy cures by stimulating the body's natural curative powers and the body heals on its own. THIS IS MORE OR LESS A PERMANENT CURE

Once the imbalance is corrected, the vital organs functions are reestablished to their optimum capacity, the body can heal itself and if you believe in us we shall certainly treat most of the serious diseases such as - Rheumatoid arthritis; Heart trouble;

Now to cure all these successfully we need to enquire into the whole condition of the patient; the cause of the disease, his mode of life, the nature of the patient, his intellect, the tone and character of his sentiments, his physical constitution, and especially the symptoms of his disease...

This all information is essential as homeopath treats the patient and not his disease, so it is very important to have every minute detail about the patient, his sensation, his feelings, his habits etc.

So please carefully note down each of the following:

Present Complaint :

1. Describe your complaint in detail

1. Include the location, which part is affected

2. Describe the type of pain and sensation or discomfort you feel

3. Describe the origin of the problem and how did it started

4. Since how long it has been there.

5. Has it become worse or has the pain increased, if yes how fast or slow has it spread to other parts etc.

6. What aggravates or worsens your complaint? eg. On getting up in the morning; on eating or remaining hungry; moving, climbing stairs, lying down etc

7. What do you do that makes you feel better or ameliorates you?

e.g. Applying pressure ; Massage; Heat or Ice; etc.

8. Please specify the time or period of the day or night you feel that the pain or discomfort increases?

2. **Other associated discomforts or complaints:**

Describe all other problems along with the main complaint?

3. **APPETITE** - is there a Loss of appetite or increase in appetite since the complaint started?

4. **FOOD ALLERGIES** : For eg. Sea Food; Eggs; Ice – cream; Sugar; Cold drinks; etc

5. **CRAVINGS** :

What type of food you like very much or a particular taste that you desire? e.g. Raw; Cooked; Warm; Sweet, Sour, Salty, Spicy, Bitter etc. Do you take extra salt?

6. **AVERSIONS** : What type of food item or taste which you particularly detest e.g. Milk; Vegetable, eggs, sour food etc.

7. **THIRST** : How much water do you consume in a day, how much at a time and at what intervals? Do you prefer your water at room temperature or cold?

8. **STOOL** : Regular bowel movements or constipated? How Many times a day you pass a motion? Any difficulty or pain while passing stool? Do you pass any blood in stool?

9. **URINE** : How many times a day do you pass urine on an average ? Any difficulty while passing urine? Color of the urine. Any peculiar odor?

10. **Perspiration**: How much do you perspire? Which parts of the body you sweat more? Does it stain your clothes?_Any offensive smell?

11. **Thermals**: When Do you feel uncomfortable in hot or cold climate? Which season you like the best? Which season does your complaint get worse?

12. **Sleep** : How many hours you sleep in 24 hours ? Do you cover yourself? How? E.g. legs only or entire body. Do you feel fresh on waking up? The position do you prefer to sleep in? e.g. on back, on stomach etc.

13. DREAMS : What type of dreams you usually get? Do you remember them on waking, or are they forgotten? _Any recurrent dream? Any person of whom you dream often? Mention the person is dead or alive?

14. FEARS: if you are scared of any animals, insect, darkness, height, water, robbers etc. (mention of childhood fears too)

15. Addition information for Females only

MENSTRUATION : Are your menses regular or irregular?

How many days does it last?

What is the color of discharge? Are the stains difficult to wash?

What problems you face before, during, or after your periods?

e.g. Backache, headache, etc.

Do you have any white discharge before, during or after your periods?

Is it scanty / profuse /offensive /, staining (if yes then what color?

History of pregnancies

No: of pregnancy / Full term/ Normal/ Aborted / Miscarriage / Assisted / Cesarean / forceps

Sickness during the pregnancy.

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16. **Personality:** How would you describe yourself as a person? (Min. 200 words please)

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Do you get angry easily, often, rarely or not angry at all?

Same way do you get irritated, sad, or depressed easily, often or not at all

Same way do you get nervous, and weep easily, often or not at all?

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Are you going through any tension about anything in particular at present? Or were tense and were overstretched recently

17.

18. **Past History:** any serious illness, injury, operation, or experience which may have a bearing on the present condition.

Illness suffered	
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e.g. Asthma, Dysentery, Tuberculosis, Typhoid, Diabetes, Malaria, Hypertension / Hypotension , or some problems of the skin such as Eczema, Psoriasis, Ring-worm, Urticaria, Measles, Mumps, Herpes, Chicken-pox etc...	
Injury	
Surgery	
Any other: Allergy Vomiting / Headache while traveling or in going out in sun	

19. Family History: Details of the health of other members of his family, and what diseases (if any) appear to recur in the family.

Asthma	
Allergy	
Arthritis	
Cancer	
Diabetes	
Hypertension	
Tuberculosis	
Any other	

20. Occupational History: Type of occupation and what stresses are placed on you by this employment.

Office <input type="checkbox"/> Factory <input type="checkbox"/> Hotel <input type="checkbox"/> Shop <input type="checkbox"/> Theater <input type="checkbox"/> Any other :
Working hours/shift
Nature of Job
Responsibilities

21. Habits: What is his daily routine? (Please specify the quantity / number)

Smoking	
Chewing Tobacco / Pan	
Pan Masala	

Alcohol	
Any other peculiar habit e.g washing hands very frequently, several times checking the door at night etc.	

22. Social History: Details of personal life and the emotional factors which influence it.

Places of residence.

Describe the area	
Is it exposed to any pollution	
Dampness	
Do have pets? Please specify	

23. Social Position

Position in family	
No. of person living together	
Children	
Servants	

24. Unpleasant experiences. (Disagreements, Humiliation; Fights; Deaths; Separations; Divorce, Monetary Loss in business or losing a job etc.)

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25. Also please note that you may have some complaints that initially seem as unrelated but from a homeopath's perspective each symptom is important. However obscure it may seem. Each disrupting symptom emotional or physical; located anywhere in the body could well be the cause of the disease and should be informed to us.

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26. mention (ask your parents if they recollect) –

your birth weight:

when you started walking

when you started talking (first word)

when did your first tooth erupt:

27.

Title
Name :
Surname :
Gender :
Height :
Weight
Age :
City :
Caste :
Profession :
Marital Status : Single Married Widowed / divorced
Children :

Lifestyle And Attributes

Diet : Non Vegetarian Veg. Vegan
Complexion : Fair
Body Type : Slim Average Heavy
Physical Challenge : None

Religion And Ethnicity

Religion :
Mother Tongue :
Caste :
Sub Caste :

Education and Occupation

Education Level :
Highest Degree :
Educational Qualification :
Occupation :

Annual Income :

Hobbies and Interests

Hobbies :
Favorite Music :
Favorite color -
Interests :
Reading interests :
Preferred Movies :
Sports/ Fitness :
Activities :
Favorite Cuisine :
Preferred Dress :
Style :

Family :
Background :
Family Values :
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