**healthfirst.jpg**

**Case Record Form**

**C O N F I D E N T I A L** Date:

Name:

Age: Sex: Male / Female

Address:

Telephone: Residence: Office:

Mobile:

E-mail:

D.O.B.:

Vegetarian / Non Veg. / Egg. Veg.

Single/Married/Divorced/Widowed

Occupation (Nature of Work) : Education :

Referred to us by:

**PLEASE READ THIS FIRST BEFORE FILLING THIS FORM**

You have come here to get well. We are here to select the possible medicine for you. In order to do that, we depend on your co-operation. HOMOEOPATHIC MEDICINE IS MAINLYSELECTED ON THE SYMPTOMS YOU GIVE US. If we are to make a successful prescription, we must know all the details of your sickness. We must also understand all the features that belong to you as an individual. This includes your reactions to various factors, your past and family history and your mental makeup.

This information enables us to select the remedy that removes your sickness. The medicine also makes you well as a whole person.

In order find all about you, we shall be asking you many questions. Each one of these questions has a definite meaning and significance for us. There is not a single question that is useless. Even something that you may think is not connected with your trouble may be the most important factor in deciding the correct homoeopathic medicine. *That is why you must be free and frank and gives us the fullest possible information on each point*. Please read each question carefully, think, and if necessary, consult someone close to you and then answer completely. Do not keep anything back. Remember, whatever you tell us will remain absolutely confidential.

**(A)**

**Chief complain-Since when the complain started**

Location:-

Sensation:-

Sensation:-

Modality:-

**(B)**

**Associated complains:**

Location:-

Sensation:-

Modality:-

Concomitant:-

**(C)**

**Probable Diagnosis**:-

1)

2)

3)

4)

**Past History**

1)

2)

3)

4)

5)

**(E)**

**Family History-**

Mother:-

Father:-

Brother:-

Sister:-

Grandfather:-

Grand Mother:-

Any other:-

**(f)**

**Personal History**

Any Drugs, tonic, stimulant, tobacco, smoking, snuff, tea, sleeping, pills, laxative alcohol or any other and since

1)

2)

3)

4)

**(G)**

**GENERAL**

**1) Appetite**: Normal, increase, less

**2) Hunger**-, tolerable, intolerable

**3) Thirst**:-Normal,increase,less

**4) Food and drinks**

Craving:-

Aversion:-

Aggravation:-

Amelioration:-

Flatulence:-

Eructation:-

Any other:-

**(H)**

**Sleep and Dreams**:-

Character-good-disturbed-less.

About-dreams:-

**(I)**

***Thermal***

1. Thermal;-Agg/Amelioration
2. Fan-summer-slow,medium,fast-Covering-thin-thick
3. Fan-winter-slow,medium,fast-Covering-thin-thick
4. Bath-summer-cold,warm,hot
5. Bath-winter-cold,warms,hot
6. Desire-food-hot-cold
7. Desire-Drink-hot-cold
8. Perspiration:-
9. Urine:-
10. Stool:-

**(J)**

***SENSITIVITY***

1) Sensitivity in general to Sun,Noise,Light,Tight clothing, Touch, Perfumes, Strong odors etc..

2) Atmospheric Condition eg-Rains,Cloudy,Hot weather,moons,winds or any..

3) Senses- Vision

-Smell

-Hearing

-Taste

-Extra sensory,Perceptions etc..

**(K)**

***Sexual Sphere (General):-***

**Male**:-

1)

2)

3)

**Female:**-**Menses**-Frequency:-

Color:-

Complains-Before menses

During menses

After menses

**Clot**:-Present,Absent

**Leucorrhoea**-Type and frequency

Any other complains –

**(l)**

**Mind-**

1. **extrovert, Introvert,**
2. **speed**
3. **Moral-**
4. **Will:-**

**5) Disposition(nature)**-(Angery,mild,timid,weeping,haughty,sarcastic,self0dependant,Apprensive,anticipation,fearful,quit,contented,discontented,bashful,embarrasments,restlessness,lamenting,clinging,Frivolous,Vanity or any other about nature)

1)

2)

3)

4)

5)

**6) SENSITITY**: - TO RUDENESS, CRITICISM, MONEY, SOSCIAL POSITION, EGO, INJUSTICE, OVER JOY etc

**7) Life situation**: Music, Nature, Cleanness, Religion, Animals etc

Emotional:-sentimental, grief, sympathy, affectionate, rage, jealousy etc

**8) Anxiety**:-about children, family, others, health, anticipation, salvation, conscience

**9) Fear**:-

1)

2)

3)

4)

5)

**10) Attachments**:-Family, Career, friends, name, fame, money etc..

**11) Ailments from**

1)

2)

3)

**12) Any other depression, insomnia or emotional disturbance**

1)

2)

3)

4)

5)