Homeopathy Cure

Suman Panwar

BHMS, P.G (Dip.) Yoga

P.G (Hom.) London

Consultation form for Chronic Cases

Date of First Appointment:		Reporting Time:
Name:	Age:	Sex:
Contact no:	Email Id:	Skype Id:
Occupation:	Address:	

Presenting complaint -

1. Location :
2. Sensation :
3. Modalities :
4. Position :
5. Concomitant :

Past History :

1. Diseases :
   (1) Acute :
   (2) Chronic :
2. Vaccination :
3. Burn :
4. Electric Shock :
5. Injuries and accident :
6. Surgical Operations :

Suman Panwar
BHMS, P.G (Dip.) Yoga
P.G (Hom.) London

Medical History:

1. Medicine (Allopathic or Holistic System) :
2. Duration of treatment :

Personal History:

1. Marital Status (Married/ Unmarried/ Not applicable) :

2. Female
   i. Menarche :
   ii. LMP :
   iii. Duration :
   iv. Quantity :
   v. Any white discharge

      If Yes – Occurrence, Time when started (e.g. before or after menses)
      Colour :
      Consistency :
      Amount :
      Any odour :
      Duration :

   vi. Any complaint associated with menses, Leucorrhoea or concomitant (eg Cramps, Vertigo, Mood Disorder, Headache, Pain, Anger) :

3. Males
   i. Any complaint related with personal health:

Suman Panwar

BHMS, P.G (Dip.) Yoga

P.G (Hom.) London

Family History :

(E.g. Hypertension, Diabetes, Tumour, History of cancer, any chronic illnesses, any bleeding disorder, respiratory complaint, joint complaint and psychological illnesses) -

a) Paternal side

b) Maternal side

Physical General:

1. Relation with heat and cold(Like summers or winter weather, warm food or cold food) :
2. Desire (towards sweet, salt or sour/ Any specific craving/craving for any indigestible things like chalk or clay) :
3. Aversion (Things which you don't like, any food, weather, condition, position) :
4. Intolerance (Things which make you feel sick, you can't digest or tolerate :
5. Appetite (Good/Low/Ravenous hunger, can easily control or not, Vegetarian/Non – vegetarian) :
6. Thirst (Very Thirsty, Thirsty or Very less Thirsty) :
   i. Drink in sips or large quantity at a time :
   ii. Can control or not :
   iii. With dryness of mouth or not :
7. Saliva (Dry mouth/ wet or dribble) :
8. Tongues :
9. Any Odour from mouth(If yes which type or any specific time):

Suman Panwar
BHMS, P.G (Dip.) Yoga
P.G (Hom.) London

10. Sweat
    i. Profuse/Scanty :
    ii. Any specific odour :
    iii. Stains clothes or not :
    iv. Colour :
11. Habit :
12. Stool
    i. Constipation/Diarrhoea :
    ii. Hard/ Soft :
    iii. With or without mucus :
    iv. With or without blood :
    v. Any pain during defecation :
    vi. Frequency :
    vii. Stick with pan or not :
13. Urine
    i. Frequency :
    ii. Colour :
    iii. Odour :
    iv. Comes in flow or dribble :
14. Sleep
    i. Sound sleep or not :
    ii. Feel fresh after sleep :
    iii. Duration :

Suman Panwar

BHMS, P.G (Dip.) Yoga

P.G (Hom.) London

15. Decubitus (Left/ Right/ both sides/ on abdomen or on back) :

16. Dreams (Daily routine/ Past occurrences/ any repetition of dreams / Frequency/any animal/ dreadful/ any future occurrences/ Fearful/ any complaint associated with dreams like involuntary urination, somnolence, dribbling of saliva) :

Mental General :

1. Desire (company or alone) :
2. Memory
   a. Short term memory :
   b. Long term memory :
3. Any History of grief/ disappointment/suppression/ Humiliation :
4. Anger(Expressive/ Suppressed) :
5. Mood (Sad/ cheerful/happy) :
6. Introvert/ Extrovert :
7. Consolation :
8. Any social condition/ Easy to go in public / During public speeches :
9. Any phobia :
10. Anything specific *(Eg Fastidious/ Conscientious/ Inquisitive)* :
11. Hobbies :