**Case No - - - - - - - - - - - - - - - -**

 **Follow up date - / /**

 **DR. MEENAL SOHANI**

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## CASE RECORD [Adult]

**NAME: Date:**

Age: Date of Birth: Sex: religion-

Married / Single- Email -

Whats app number - Mobile-

Education : Occupation :-

Name of organisation-

Home Address in detail -

I understand that my interview may be audio /video recorded for the purpose of study and teaching , I give my consent for the same .

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 signature

 Homoeopathy is a system of medicine which deals with not just your disease , but **you as a person** . The **effectiveness of the system depends on the precise information. Hence describe the complaints in detail .** This information remains confidential. Kindly fill the form in detail, preferably **in one sitting**,

**Please bring all the relevant reports, Medical file and papers**

**For office Use**: Referred by :

C.D./ workshop - Video : Video FU dates -

**Main complaint -** Describe symptoms / pain / emotional problem in detail –

Where in body ( in case of physical problem) –

When and How did it start and progress –

Type of pain ( describe actual sensation like tightness, heaviness, pinching… etc ) **OR**

other symptoms ( emotions etc )-

Factors ( besides medicines ) that make the problem better or worse

Does this illness affect your life in any way?

Are there any changes in your temperament due to this problem (any fears/ anxieties / loss of confidence etc due to the illness)

Other complaints –

**Current medication –( please write medicines and doses )**

Illnesses/ operation / injury / accidents suffered till now - in the order they happened ( the oldest one first and then in order till recent )

|  |  |  |
| --- | --- | --- |
| When it happened | What was the illness / operation / injury / accident  | Treatment taken |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Major illness in parents / siblings / grand parents ( B.P., Diabetes, heart problems, cancer, T.B, thyroid… or illness similar to yours )

**FACTORS THAT AFFECT YOU – Please read carefully** and **describe** how each of these affect you –

Mark if you like them ( √ ), you like intensely ( √√ ); If you are uncomfortable (×) or troubled by them (××) or have any complaints due to these things

|  |  |  |
| --- | --- | --- |
| Summer/ Sun  | winter | Rainy season |
| Dry weather | Humidity/ Cloudy | stormy |
| Open air/ wind | Seashore / water | Cold wind  |
| Small,Closed places | Crowds | Tight clothes |
| Full moon / new moon | High places | Exercise |
| Dust/smoke/smell | Sounds/ noise | Massage / touch |
| Hot applications | Getting wet | Bright light |

Food Preferance – like (√ ), like very much (√√), dislike (x), intense dislike (xx ), troubled by it (XXX )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sweet | Sugar | chocolates | Cold drinks | Ice cream /ice  |
| spicy  | Pungent  | fried food  | Salty/ salt | onion /garlic  |
| milk  | Curds/buttermilk | Butter/ ghee | cheese  | Sour |
| bitter  | raw salads  |  Fruit juices/ Fruits  | Vegetables | Junk food |
| eggs | Chicken/ mutton | fish | bread | Tea/coffee  |
| Hot food | mud, chalk, paper,  | Tobacco/pan | Alcohol | smoking |

Any other foods -

**Physical features** –

How is your appetite?

Any problems from being hungry for long ? Any problems / relief after eating?

Any symptoms if you overeat? Problem of gases, bloating, burping?

Thirst : Do you drink small or large quantity at a time? how many glasses in a day ?

Do you prefer hot or cold or very cold water?

**Bowel movements**: Do you pass stools daily?

Any problems like constipation/ diarrhoea, hard stools, straining, pain, mucus, worms?

Fissure/ piles/ gases/ bleeding

**Urine**: any problem in urination before, during or after urination? Like Burning, pain, straining, incomplete feeling, bleeding, involuntary urination…etc.

Any smell or colour to the urine?

**Sweating** - How much do you sweat ? mild / moderate / profuse ? when do you sweat ?

Which part of the body ? ( head, palms and soles etc…..)

Do you sweat at any particular time- sleeping, eating, before interview/exam

Does your sweat have odour /stain - which colour?

**Sleep** : Do you get sound sleep? Is it refreshing?

Is there a peculiar position in which you sleep/ cant sleep?

Any complaints like startling/ talking /walking / salivation / snoring/ teeth grinding/ sweating/ ....etc.

Which weather are you most comfortable- summer or winter ?

Do you prefer coverings / fan / having bath with hot or cold water?

Any problem from any weather/ weather change?

**INTELECTUAL & EMOTIONAL MAKE UP :**

Type of personality : Introvert / Extrovert /shy / bold / quiet / talkative / anxious / fearful /emotional / short tempered / aggressive / sensitive / sentimental etc. Please describe in detail .

Are you the obedient, sincere kind OR are you more rebellious, carefree type of a person

Would you describe yourself as energetic, enthusiastic, workaholic person OR rather easy going, lazy, slow paced person ?

Are you able to voice your opinions easily or you rather keep quiet ?

Are you very sensitive, and get easily offended? By what kind of things ?

Do you find yourself, occasionally lost in thought / absent minded / not present fully ?

Fears or anxieties ( even as a child ) – Mark - Mild ( + ), Moderate ( ++ ), Intense ( +++ )

|  |  |  |  |
| --- | --- | --- | --- |
| Health / disease | Financial matters | Death | future |
| Small, Closed places | heights | Water /rain | darkness |
| Being alone | ghosts | robbers | Storm / lightening |
| Hospitals | Injections | blood | accidents |
| Travel | Interview / exam | Public speaking | New situations |

Any other fears -

When do you get angry, irritated ? How do you react when angry ?

Do you normally express your anger or tend to suppress it ?

Do you have any physical symptoms in anger? (heat in body, trembling, sweating, becoming red …)

Do you remember hurts for long? Are you able to forgive Or you feel revengeful ?

When do you feel insulted / jealous / suspicious / impatient / suicidal / cheerful etc. ( please consider each of them and describe all that are applicable.)

Do you like to socialising ? (parties , picnics , outings , etc.) OR you are comfortable being alone ? What kind of company you like ?

What kind of activities make you relaxed? like reading / swimming / dance / music / knitting / exercise / driving /playing ....etc. How do you feel when you do the activities you like

When do you feel lonely and isolated ?

What makes you sad / depressed ? How do you express yourself when sad ?

How do you like being consoled? Do you weep ? how do you feel after weeping ?

Any friction or problems with any of the family members now or in the past ? Describe in detail

Any stress / tensions / worries about any matters at WORK . Please describe in detail

Describe moments of greatest joy and /or sadness or any other memories which made great impact on you. ( like major disappointments, setbacks, sad occurrences emotionally, or in carrier )

Are you particular about your belongings /appointments, schedules/ cleanliness of surrounding? Do you always plan your work?

Are there any conflicts or confusion in your mind ? about what ?

Do you ever feel things before they actually happen / get dreams which come true

Are there any other intense emotions which you find difficult to handle ? Are there any bodily problems/ symptoms associated with these emotions ?

How are you with nature / greenery / animals ?

What was your nature as a child ? ( shy, active, playful , bold , mischievous , obstinate , pampered , lazy , studious , carefree , nervous , fearful ,restless ,obedient ) Describe your relationship with your family members in childhood ?

Anything in your childhood that still affects you as an adult ?

Describe in detail what dreams do you get in sleep, also the feelings associated with the dream. Please circle, if you get any of these dreams

|  |  |
| --- | --- |
| Animals-dog, cat, snakes, spiders, any other | Frightful dreams-ghosts, devils, thieves |
| Journey, horse riding, flying, swimming,  | Nature, trees, flower, snow |
| Death, dead bodies, suicide, murder, poisoning | Water, drowning, falling from heights |
| thunder, storm, rains , lightings, floods | Vomiting, urination, stools, toilets, bleeding |
| Accidents, disease, handicap, mutilations | Sadness, quarrels, jealousy, insult |
| Money, business, days work, forgotten work  | Romance, sexual intercourse, rape, nudity |
| Hunger, thirst, eating, drinking | Talking, singing, dancing, marriage, party, happy  |
| Failure, missing exam or train, unprepared for exam,  | Police, jail, arrest, crime, criminals,  |
| Fire, shooting, war, injuries | God, praying, religious, temples |
| Exercise, exertion-mental or physical, tiredness | losing way, danger, being followed by someone |

Are there any recurrent dreams? Please mention in detail if any other dreams or feelings-

***FOR WOMEN*** *:* Menstrual history : regular /irregular ?

Cycle of how many days ? Duration :

Associated complains : excessive pain / heavy or less flow / clots / nausea, vomiting / fainting /weakness /headache …etc.

Any complaints before periods like heaviness in the breasts / white discharge/ headache /irritability/swelling on the body etc.

Any complaints after periods? Like headaches , white discharge etc. do you feel better in other complaints after periods start?

Any time periods have become irregular due to any reason like over exertion, getting wet in the rains/ working in water/ emotional tensions etc…

At what age periods started and ended ? Any complaints at that time like heavy bleeding irregular bleeding ?

Any major health problems during pregnancy ?( nausea, vomiting, high B.P., recurrent abortions, bleeding, diabetes etc.)

Do you ever feel uncomfortable as a female ? or do you feel that being woman is a disadvantage ?

**To be filled by the doctor -**

Treatment required for -

Reports and tests done / advised -

Important things to remember