**FORM FOR PROVIDING MEDICAL HISTORY** (For adults)

**Background:**

Homoeopathic treatment is directed towards treating the disease at the root level. It simultaneously addresses multiple causes for any particular disease which could be genetic, hormonal, emotional, immunological etc. The diseases are treated in totality by stimulating the body’s healing responses rather than providing partial treatment or suppressing the symptoms that are associated with the diseases. That’s why homeopathic treatment is considered to be 'holistic' in nature.

Homeopathic treatments are highly individualized. Each person is treated as a unique individual. Their body, mind, spirit and emotions are all considered in the management and prevention of disease. For this reason, we need to understand many aspects of the patient which includes details of disease / complaints as well as details about the person. This form is designed to obtain the information required for reaching a correct remedy for that person.

The information collected in this form will be used only by doctors of the clinic for your treatment. All the information will be kept confidential.

**In case you are writing responses by hand, use a separate sheet for answering questions asked in this form. Please submit duly filled form either at clinic or scan it and sent it via WhatsApp (9324020025) or e-mail (****care@drdeepa.in****).**

**For typed responses, you could provide answers right below each question. Please submit completed MS-word document via e-mail.**

**Preliminary questions:**

1. Name (Surname/ family name first) –
2. Address –
3. Mobile number –
4. Referred by –
5. Date of birth (DD-MMM-YYYY) –
6. Age –
7. Gender –
8. Marital status –
9. Religion/ Community/ Sect –
10. Qualification –

**Descriptive questions:**

1. **About yourself:**
2. Give details of your occupation:

Please write whether you are in Service/ Self-employed/ Professional/ Retired/ Housewife/ Student/ Others etc. Please provide description of your current and previous occupation covering your roles and responsibilities, career progression, job satisfaction, inter-personal issues with colleagues, superiors, job stresses etc.

1. Description of your family set-up:

Please provide full description pertaining to members of your family including their age, location, work and your relationship with them and your responsibility towards them. Please include details of deceased members of your family along with time and cause of death.

1. Description of your daily routine:

Please give details right from morning to night. Please also give details of your diet covering type, quantity and timings. Cover details such as veg/non-veg/egg, Addictions (Tobacco, chewing/smoking, Tea, Coffee, Beer, alcoholic drinks, hukkah etc. (please also mention the quantity and frequency).

1. Description of your financial responsibilities

Please provide details including any difficulties/ strains/ stresses experienced (present as well as in the past).

1. Description of your social set up

Please include details of your relatives, friends, others etc. Details of nature of your relationship with them. Please provide some texture with regard to areas of comfort or discomfort etc. Try to cover present and past, if relevant).

1. **B. About Diseases / Complaints:**
2. **Chief Complaint**

Describe your health issues in detail which you want to be treated. Describe timing of onset, discomforts experienced and progress of the disease/ complaint till date. Describe sensations experienced by you.

a) Mention the area or system affected.

b) Mention situations in which your problem increases.

c) Mention situations in which your problem reduces or you get relief.

d) Any other symptoms or discomforts you have experienced at the same time?

If you have taken any treatment so far, please give details and share investigation reports (if any).

1. **Associated complaints**

Describe all other complaints which you may have, in the same format as above.

1. **Past history of illnesses**

Kindly mention details of the illness from which you have suffered in past. Mention year of illness, diagnosis and treatment taken.

1. **Family history of illnesses**

Mention details of illnesses suffered by your blood relatives (Parents, Grandparents, Uncle, Aunts, Siblings) and members of your current family (Spouse, children, in-laws)

1. **Personal Details**
2. Describe about your physical characteristics/ appearance
3. Describe your emotions
4. Describe intellectual attainment and performance
5. Describe your aspirations, ambitions
6. Your food choices, likes and dislikes and food allergies
7. Your comforts and choice with respect to weather conditions, bath preference, season preference, your need for fan/AC/cooler (according to season)
8. Your hobbies, recreations
9. Sleep- Timings, quality of sleep, reason of disturbance (if any), reason of non-refreshing sleep
10. Dreams- Give detailed description of dreams.
11. Sex life- Experiences, any dislike or aversion, increased or decreased desire, masturbation – frequency etc, sexual disturbance, homo/same-sex history/inclinations, STD e.g. syphilis, gonorrhea, herpes, HIV etc., any recurrent infections of genital organs, any use of contraceptives in the past and present.

FOR FEMALES

1. Menstrual Cycle –
2. At what age did your menses start
3. Do you get it regularly or your cycle is irregular?
4. How many days does it continue?
5. Quantity of flow – scanty/moderate/heavy
6. Do you experience any difficulties before, during or after the menses?
7. Problems related to white discharge/leucorrhoea
8. Obstetric History- Pregnancy Details
9. Number of times you have conceived
10. Number of children delivered
11. Number of abortions
12. Any problems during pregnancy, delivery or post-delivery (in feeding and raising the baby)
13. Menopause
14. At what age have you achieved menopause?
15. Have you experienced any difficulties during menopause? How long? e.g. excessive bleeding/ hot flush/ mood swings/depressed mood etc.
16. **ENCLOSURES/ ATTACHMENTS:**

Investigation reports done so far. Consultation papers of any other physician.