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

**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.

**Homoeopathic treatment helps to boost immunity of children and it aids in the growth and development of child at mental and physical level; with no side effects.**

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 (of the person who will coordinate for medication) –
4. Referred by –
5. Date of birth (DD-MMM-YYYY) –
6. Age –
7. Gender –
8. Religion/ Community/ Sect –
9. Name of school, School timings and standard –
10. Mode of travel to school –

**Descriptive questions:**

1. **About the child:**
2. Give details of education:

Please write about school and class location, timings and child’s area of interest including extra-curricular activities. Describe the child’s behaviour in the school/classes and any difficulties experienced by the child with respect to education and associated activities. Describe the child’s relationships with the teachers, authorities and other children in the school/ classes.

1. Description of your family set-up:

Please provide full description pertaining to child’s family including their age, location, work and child’s relationship with them. Please include details of deceased members of your family along with time and cause of death. Describe the difficulties experienced by the child in this area. State if the parents have married within the family (i.e. blood-related/ consanguineous marriage)

1. Description child’s daily routine/ activities:

Please give details right from morning to night. Please also give details of diet covering the type, quantity and timings. Cover details such as veg/non-veg/egg, Habit (Chocolate, Tea, Coffee, Ice-cream, cake etc.). (please also mention the quantity and frequency).

Describe the kind of physical activities done by the child on day-to-day basis. Use of mobile/TV etc. and nature of use. Describe child’s hobbies such as reading, drawing etc.

1. Description of child’s social interaction

Please include details of child’s behaviour with relatives, friends, others. Details of nature of child’s relationship with them. Describe stresses experienced in this regard. Try to cover present and past, if relevant.

1. Describe the child’s nature.
2. **About Diseases / Complaints:**
3. **Chief Complaint**

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

a) Mention the area or system affected.

b) Mention situations in which child’s problem increases.

c) Mention situations in which child’s problem reduces or the child get relief.

d) Any other symptoms or discomforts the child has experienced at the same time?

If the child has taken any treatment so far, please give details and share investigation reports (if any).

1. **Associated complaints**

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

1. **Past history of illnesses**

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

1. **Family history of illnesses**

Mention details of illnesses suffered by child’s blood relatives (Parents, Grandparents, Uncle, Aunts, Siblings) and members of child’s current family.

1. **Personal Details**
2. Describe Child’s physical appearance/ characteristics
3. Describe Child’s emotions – any recent change in the behaviour
4. Describe intellectual attainment, performance in school
5. Describe child’s aspirations, ambitions
6. Describe Child’s food choices, likes and dislikes and food allergies
7. Describe Child’s comforts and choice with respect to weather conditions, bath preference, season preference, child’s need for fan/AC/cooler (according to season)
8. Describe Child’s 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.

FOR FEMALE CHILD

1. Menstrual Cycle –
2. At what age did child’s menses start
3. Does the child get it regularly or child’s cycle is irregular?
4. How many days does it continue?
5. Quantity of flow – scanty/moderate/heavy
6. Does the child experience any difficulties before, during or after the menses?
7. Problems related to white discharge/leucorrhoea
8. **ENCLOSURES/ ATTACHMENTS:**

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