



File No :DB1056-2

Basic Information

Nick Name : *Johnamma John*
For : *Myself*
Age : *65 years plus (senior)*
Sex : *Female*
Country : *India*
State : *Kerala*
City : *Ernakulam*
Zip : *682312*

Symptoms

Let me help you further : *Parkinson disease*
Past Illness History : *From 2007*
Hereditary Disease : *NIL*
Present Medication : *Dr. Parmeshwaran, Indo US Hospital, Electroxin once empty stomach*
Allergic Reaction : *-NIL-*
Height : *160 Cm*
Weight : *50 Kg*
Created On : *Sep 20,2016*
Updated On : *Sep 20,2016*

Physical Symptoms

Name	Rate	Customer Note	Date
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numbness, tingling and weakness
in the arms and legs and have
trouble speaking or understanding
speech

Medium

Sep
20,2016

Questionnaire

General 1

Please select one or more statements that applicable for you. I have

Health issue

We would like to know more about your family and work environment . Please provide details about your family, work and social life.

General 2

Do you have any addictive behavior?

No

General 3

If diagnosed with a disease or have a disability, please give us the details(if not already given)....

How long have you been suffering? Is there any particular cause for the beginning of your complaints? What kind of pain/discomfort do you experience?

Parkinson disease since 2007

I have thoughts of hurting myself

Whenever I am overwhelmed

I hear voices other people couldn't hear

True

I have a feeling that others are able to hear my thoughts.

True

I can hear what other people think

False

Personality 1

We would like to know more about your personality. Please choose a statements that best suited for you.

No Answer

Meeting people

No Answer

There are people who are easily influenced or highly suggestible, without a solid opinion of their own, and others take advantage of them. I feel

No Answer

I believe

we have to trust people

I lose control of emotions-

No Answer

It is important for some people to perform to the fullest. Others prefers to go with the flow. Select one or more sentences applicable to you.

Please select one or more applicable to you.

I am feeling

for a period of

No Answer

in a manner of

No Answer

I experience

No Answer

I believe:

No Answer

I find it-

No Answer

At times

No Answer

I can make

No Answer

I attempted suicide

No Answer

I am *No Answer* without company of others

I am an orderly person-

No Answer

I *No Answer* dress up to attract the attention of others

The need to relate and feel accepted

No Answer

My confidence level

No Answer

I feel

No Answer

I always tell

No Answer

Whenever others give feedback about my life that means they

No Answer

I mostly like

No Answer

My social behaviours

No Answer

I prefer to

No Answer

I prefer to work

No Answer

In my family, decisions are made by

No Answer

I can sit and concentrate on my work for more than

No Answer

I have to follow certain procedures that I made for me otherwise I become upset.

No Answer

My cultural background is

No Answer

My religious background is

No Answer

To express my feelings

No Answer

Personality 2

Some people claim that they can do extraordinary things like they can predict future, mind reading, telepathy

Personality 4

I express my feeling the way I want to

No Answer

I harm myself