NOTE:

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| --- | --- |
| Name: | Reg No:01-10SMHC17 |
| Age/Sex: | Contact No: |
| Marital Status: | Date:/1/18 |
| Occupation: | Dr. |
| Address: | DIAGNOSIS- |

1. Case taking/history/details is the most important factor to prescribe a remedy for you. The details entered should be very precise, genuine and exact right from the very first question till the last mentioned.
2. Please read the whole case proforma before you fill it so that you can get an idea.

* Religion
* Nationality
* Qualification

A.CHIEF COMPLAINTS:

* Please mention your complaints/suffering in detail along with the duration since when have you been suffering.
* How did it start?
* Any situation/any changes in your life or food or changes in place or any other change you would like to specify in detail that occurred before your complaints (psychological/nutritional/physical/financial etc.,)
* In the following order please mention each complaint

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chief complaint | Location | Sensation | Concomitant | Modality | Associated complaints | Radiation/extension |
|  |  |  |  |  |  |  |

Explain as follows for each complaint that you suffer in detail.

1. Location :

- Which is the affected part or area specify.

- If possible draw and show the exact location.

2. Sensation:

- Type of pain please explain. And please describe how you feel during your complaint and suffering.

3. Concomitants:

- Any complaints that you suffer but is not related to the main complaint but yet exist along with the main complaint (eg., feel like passing urine when you have headache, pain in nostril region when on empty stomach etc.,)

4. Modality:

- When, which part, what, how does your complaint increase / decrease?

- Any specific posture would you like to obtain during your complaint?

- Time specify when you feel better or worse.

- Thermal relationship like season/cold/hot/moderate that makes your complaint better or worse.

5. Associated complaints:

- Any complaint that you suffer alongside with the main complaint.

6. Radiation/Extension:

- Any pain radiating to else where? If yes, where? To which part?

- Any pattern like shifting of pain randomly here and there that can’t be mentioned but keeps shifting?

- Does your complaint begin with Left to right /Right to left/ Right to left and vice versa/ right to left and agin back to right/left to right and again back to left.

- Specify any other discomfort of the radiated pain caused.

B.PAST HISTORY:

* Any major/minor illnesses that you suffered previously and got treated.
* Any surgeries?
* Vaccinations ?
* Any hospitalization?
* Accidents/trauma?

For Women:

OBG history:

* Age of menarche:
* Regularity?
* If irregular please specify the pattern like in how many days do you get your cycle?
* Days of flow?
* Type of flow?
* Color of blood?
* Odor?
* Any pain involved? Please specify the exact location and the type of pain just in the same pattern as the table in chief complaint.
* Any associated complaint with your cycle like white discharge?itching?burnin? or any other discomfort please specify?

WHITE DISCHARGE:

* Duration, odor, color, any pain involved, itching, burning etc., please follow the pattern as in chief complaint.

C.FAMILY HISTROY:

* Any major/minor illnesses that you suffered previously and got treated in your family members,grand parents,brothers,sisters,cousins etc, (maternal & paternal side both mention)
* Any surgeries?
* Any hospitalization? Etc,

D.PERSONAL HISTORY:

Diet: veg or non veg or eggetarian

Appetite:

-normal/ regular (if not regular please specify why?)

-more, diminished, or changeable if yes please specify since when and any other that you would like to tell.

Thirst: do you feel like it or just forcefully drink ? quantity? Like it cold or normal or warm? Do you drink large quantities at a time or small quantities frequently?

Habits: coffee / tea/milk/ lemon tea/ green tea/ alcohol/smoking/laxatives/sleeping pills any other drugs/- please specify each of the above in detail as of how much and how many times in a day.

Perspiration: scanty/profuse/offensive/stains the garments/ parts which are mostly perspire

BOWEL MOVEMENTS: Do you have any problem with your bowel movements? Explain. When and how many times a day do you pass BM? Any history of diarrhoea, constipation or irritable bowel symptoms? Do you experience any urgency or incontinence? Do you have to strain for stool? Even for soft stool? Do you burp or pass gas excessively? Describe its character. Does burping or passing gas relieve?

URINATION & URINE: Are there any problems with your urination regarding frequency and character of urine? Explain. Any unusual smell or color? Do you have any trouble before, during and after urination? Do you experience any difficulty with the flow such as slow to start, interrupted, dribbling etc.? Is there any urinary incontinence or bed wetting or history of either? When?

Sleep: position of sleep/hours of sleep/do you feel refreshed? / sleep in afternoon? /

Dreams: type of dreams- animals/birds/murders/horror/sexual/thriller/ what were you doing in the dream/any repetitive dreams? / do the dreams wake you from sleep? Are your dreams pleasant?

Fears: any particular fears of heights/ water/animals/ crowded places/ others

What is your experience during that fear? What do you feel like doing then?

Thermals:

Do you prefer hot or cold or lukewarm water for bath?

Do you like to cover during sleep? If yes thin or thick? Any particular parts do you like to cover? Or leave any part open without covering?

Do you prefer cold / rainy/ hot/ moderate season? Irrespective of your health reasons SPECIFY WHAT IS YOUR FAVOURITE SEASON/CLIMATE.

SEXUAL SPHERE (GENERAL): Have you had any excessive indulgence in sex or masturbation in past and present? Has it produced any ill-effect on your health? Explain. Any particular feeling or symptoms appear before, during and after sexual intercourse? Did you suffer from any sexually transmitted diseases? Do you have unusually increased or decreased desire for sex? What is the method you use for family planning?

FOR MEN: Do you experience any difficulty in erection? Explain. Are there any other troubles such as impotency or sterilty?

**E.LIFESPACE INVERSTIGATION:**

1. Where were you born? What are your parents? How many siblings? Growing environment? Joint or nuclear family? Financial stress? Family stress? Education? support and encouragement for education? Your social circle? Your interest in education? Other curricular activities? Your college? Was it your subject that you were interested in? if no why did you join? Your social circle during college? Any interests in sports/habits/arts/? Relationships? Failures and successes? Your marriage ? arranged or love? What were the hardships faced in your married life? Work environment? Did you get the kind of job you like? Work stress? Any other issues related to family and kids. Transfers? Details about where he is born and brought up- Is there any separation from the mentally attached places or persons? Socioeconomic status, level of education and any reason for termination of study , occupation- any frequent change of jobs or, job satisfaction social and domestic relations, in the office family,

EMOTIONAL MAKE-UP & STATE OF MIND: It does not mean that mind is the seat of disease or is the cause of all diseases. It merely means that both mind and body are affected in their indidividual ways and express their discomfort in any given stressful situation. Homeopathic treatment is about bringing harmony to the individual as a whole. In order to treat you as a whole and provide precisely accurate homeopathic treatment, it is necessary for us to understand your emotional and intellectual nature in addition to the physical characteristics. Please answer the following questions frankly without any hesitation. We need your reaction to each situation you faced because most of us would have faced this at sometime or the other but what is important is how you react.

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Do you get anxious? What circumstances make you anxious? Have you had any situations of panic?

Are you fearful of anything such as animals, people, being alone, darkness, death, diseases, robbers, sudden noises, thunder, of the future, of something unknown, high places, doctors, examinations, etc.? What symptoms do you experience?

Any phobias – claustrophobia, agorophobia, heights, flying? Are you doubtful or suspicious of anyone or anything? What are you jealous about? Do you experience any symptoms from jealousy?

In which matters are you impatient or hurried? How long do you remember hurts caused to you by others? Do you take revenge or contemplate it? What are you proud of? Does your pride get easily hurt? Depressed, Brooding, Mood Swings, etc.? Describe in detail. Do you ever become suicidal? When? If so in what manner do you contemplate to end your life? Have you made any attempts or contemplated? How? When are you most cheerful? Any unwanted thoughts any time? What are they? Do you experience any strange and unexplainable sensations or hearing voices? How is your memory? For what is it poor? e.g. names, places, faces, what you have read, etc. Do you cry or become emotional easily? What makes you cry? How do you feel after crying? How do you feel if someone offers sympathy and consolation? Are you easily irritated? What triggers your anger? What bodily symptoms do you develop when angry or irritated such as trembling, sweating, loosing voice, weakness etc.? Do you prefer to be alone or with company? How seriously are you affected by disorder and uncleanliness in your surrounding? What are the greatest griefs that you have gone through in your life? What effects did they have on you? What are the greatest joys that you have had in life? What activities you deeply enjoy, hobbies? Are there any matters which you deeply dislike? In your opinion, which aspects of youself, your personality or moods are not agreeable to you? Inspite of your awareness and maturity, are you unable to change these aspects? Give a clear cut picture of your situation in life and your relationship with each of your family members, friends and associates in work. How does the future look to you? Are you worried or unhappy over any and personal, domestic, economical, social or any other condition? If so describe in detail:

Most happiest day/event in your life? What was your feeling then?

Most saddest day/event in your life? What was your feeling then?

Do you like pets / animals?

F.LAB INVESTIGATION:

IF ANY. PLEASE SEND YOUR PREVIOUS REPORTS ALSO IF THERE.