

Synergic Homeopathy Research Institute LLP

**Reg. Office: L-125, Sector-2, DSIDC Industrial Area, Bawana, Delhi-110039**

**Reg. Clinic: Oshodhara Nanak Dham, Murthal, Sonepat-131027**

**Tel: 0130-2483911/12; Mobile: 9671400193/96**

**E-Mail :** [**synergichomeopathy@gmail.com**](mailto:synergichomeopathy@gmail.com)

**Website :** [**www.synergichomeopathy.com**](http://www.synergichomeopathy.com)

**Case Taking Form**

**(Please write in Black Capital Letters Ñi;k dkys lkQ v{kjksa esa fy[ksa)**

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| **Information about the Self Lo;a ds fo"k; esa lwpuk** |
| Reg. No. jft- ua% Date frfFk% |
| Membership lnL;rk% Bimonthly/ Annual f}ekfld@okf"kZd |
| Name uke% Height ÅapkbZ% Weight otu%: |
| Age mez%: Mobile Number eksckby ua-: |
| Sex fyax%: Profession O;olk;%: |
| Name and Postal Address: uke ,oa orZeku irk% |

**Ailments and their Symptoms** jksx ,oa muds y{k.k

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| **Ailment jksx** | **Symptom y{k.k** |
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**Any Other Information dksbZ vU; lwpuk**

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**Recommendations by Facilitator ekxZn'kZd dh fVIi.kh**