

CASE RECEIVING FORM

PLEASE READ CAREFULLY AND THEN GIVE INFORMATION:

You have come here to get well. We are here to select the possible medicine for you. In order to do that, we depend on your co-operation. **HOMOEOPATHIC MEDICINE IS MAINLY SELECTED ON THE SYMPTOMS YOU GIVE US.** If we are to make a successful prescription, we must know all the details of your sickness. We must also understand all the features that belong to you as an individual. This includes your reactions to various factors, your past and family history and your mental makeup. This information enables us to select the remedy that removes your sickness. The medicine also makes you well as a whole person. In order to find everything about you, we shall be asking you many questions. Each one of these questions has a definite meaning and significance for us. There is not a single question that is useless. Even something that you may think is not connected with your trouble, may be the most important factor in deciding the correct homoeopathic medicine. That is why you must be free and frank and give us the fullest possible information on each point. Please read each question carefully, think, and if necessary, consult someone close to you and then answer completely. Do not keep anything back. **REMEMBER, WHATEVER YOU TELL US WILL REMAIN ABSOLUTELY CONFIDENTIAL.**

NAME:						
AGE:		SEX:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	PHONE NO:	
ADDRESS:						
EMAIL ID:				OCCUPATION:		

CHIEF COMPLAIN:

Exact description of your main problem, since how long, how it started, what treatments taken, which are the aggravating factors, which are the relieving factors, etc.

OTHER COMPLAINS:

Which are the other complaints along with main problem, exact description of other problems, how it started, what treatment taken, which are the aggravating factors and relieving factors, etc.

PAST HISTORY:

Suffering of any disease or operation in past since birth. Exact details of your past illnesses or operation

FAMILY HISTORY:

Details of every family members (grandfather, grand mother, father, mother, brothers, sisters, son, daughter, grandson, granddaughter, etc) like alive or dead, if dead then when died and cause of death, if alive then what is age, what he or she doing right now

GENERAL SYMTOMS AND INFORMATIONS:

APPETITE:	
DESIRES AND AVERSIONS: (what you like and dislike most)	
THIRST: (how many glasses per day, cold water or regular water or warm water)	
STOOL: (how many times per day, any other information)	
URINE: (how many times per day, quality of urine, any specific complain)	
PERSPIRATION: (smell, any particular part of body, etc.)	
SLEEP: (timing of sleep, position of sleep)	
DREAM: (frightful dreams, recurrent dream, exact description of dream)	
RELATION WITH HEAT AND COLD: Which season you like winter, summer, monsoon. Habit of fan in winter and summer Habit of bathing in cold water or hot water in winter and summer	
MENSTRUAL AND FEMALE HISTORY: Menses regular or irregular, if irregular then early or late, how many days flow remains, type of blood Any complaints before menses, during menses and after menses Age of first menstruation If in menopause, then details of menopause How many deliveries and type of delivery? History of any abortion, natural or induced and exact month when aborted	

OTHER INFORMATION

Effect of present problem on you, mentally as well as physically, Exact details of your daily routine, your nature, your hobbies, Details of your present stresses, Details of any incidence in past which has major effect

Please fill up this form and email to dramish@curehomoeopathy.in

CURE HOMOEOPATHY CLINIC

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