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# Dr Rakesh M Mehta

BHMS (Pune),FCAH(Mumbai)

Consultant Homoeopath

YOUR WARD’S APPOINTMENT IS ON…………DAY, AT..…..….

**DATA BY PATIENT’S PARENTS**

**NAME OF THE PATIENT :………………………………………………………………………………….………………………….**

## AGE :…………….DATE OF BIRTH :…………………………TIME & PLACE OF BIRTH :…..…..…………………………….

COMPLETE ADDRESS :,,,,,:……...…………………………………………………………………………...........................,…...

……………………………………………………………………………………………………POSTAL PIN CODE: ………………

**TELEPHONE NUMBER (with STD code : ………………….. ……………………….….MOBILE NO.: ……………………….**

**E MAIL ADDRESS : ………………………………………………………………TODAY’S DATE :…. ………..………………..**

**DATA WRITTEN BY :………………………..…………………. REFERRED BY - ……………………………………………….**

**Homoeopathy** is a holistic healing system. It heals the patient as a whole, including complaints in individual parts. It does not consider individual complaints as existing isolated from each other or isolated from the entire person. It considers individual complaints as different branches, arising from a single stem as a result of concurrence of common root causes. Treatment directed at relieving individual complaints with individual medicines, disregarding the common origin of all the complaints have been viewed by Homoeopathy as the greatest error. Such a treatment results in suppression of lower form of diseases, just to give rise to ever higher & higher forms of diseases, sooner or later.

To meet the requirement of curing the person as a whole, we need details of individual complaints, details of probable causative factors, details of physical tendencies & make up of the person as well as the mental make up & tendencies of the person.

Writing on following lines is highly desirable. You may go through the entire questionnaire & write on foolscap papers. All the data given by you will, obviously, be treated as confidential. Please remember this write up is the main data on which the present prescription would be based as well as subsequent actions planned.

**1. Present complaint(s)** – Exact nature of each complaint. When it started? How it started? What were the probable physical/mental causative factors or circumstances? What are initiating, maintaining or aggravating factors or situations? What are relieving factors or situations? What are associated physical or mental or emotional features in him/her? What are associated thoughts or fears? What medicines are/were going on and what is/was their effect? What medicines he/she is allergic to?

**2. Past complaints** / **diseases** - Details as per the aforementioned points with proper dates.

**3**. History of any **operation, accident, animal bite or injury** in the past with proper dates.

**4**. History of any **illness in family**- parents, brothers, sisters, aunts or uncles who are blood relatives.

**5. A)** **General Physical tendencies & make up** – Describe in terms of extent/degree/pattern.

**I** ) Tolerance / Intolerance to heat or cold.

**II)** Desire for bed sheet (Chaddar) – thick / thin – full / partial – as per different seasons.

**III)** Tolerance / Intolerance / liking / dislike for heat of sun / any complaint as a result.

**IV)** Tolerance / Intolerance / liking / dislike for warm / hot / cold bath.

**V)** Tolerance / Intolerance / liking / dislike for sweater.

**VI)** Tolerance / Intolerance / liking / dislike for open air / cold air / closed room.

**VII)** Tolerance / Intolerance / liking / dislike for light / darkness.

**VIII)** Tolerance / Intolerance / liking / dislike for touch / pressure / massage / rubbing.

**IX)** Tolerance / Intolerance for various **food items / tastes.**

**X)** Tolerance / Intolerance / liking / dislike for any noise / odor.

**XI)** Tolerance / Intolerance / liking / dislike for motion / going for high places / narrow places / lifts.

**XII)** Tolerance / Intolerance / liking / dislike for tight / loose clothing.

**B)Food & Drink** – Describe which item or taste he / she likes very much. Which item or taste he / she does not like at all

**C) Thirst** for water / liquid – how much; how often - as per different seasons.

**D) Perspiration** – quantity; any staining on clothes; any smell; salty deposit on clothes; area which sweats a lot.

**E) Effects of injury / wound** – quick healing / slow healing; suppuration; any discoloration; odor; pain.

**F) Sleep** pattern / quality. Which is the Comfortable position in sleep for him / her?

1. **Weight** gain / loss. Problems of height**.**
2. **Reports of Laboratory investigations (Available, If any) – Blood group,** Blood/Urine Sugar, R.A. Factor, Serum Lipids, Hemoglobin,etc.Please mention blood groups of all family members.

6) **Mental / Emotional make up / tendencies** –

(Describe in terms of extent / degree / magnitude / peculiar pattern)

Following are some of the questions for your consideration, wherever relevant.

1. **I)** What all he / she likes to do? What all he / she doesn’t like to do? What all he / she cannot bear? **II)** What all he / she wishes should happen? What all he / she wishes should not happen? **III)** What is a must in his / her life? What he / she wants to do in his / her life? What is he / she doing for that? **IV)** What are his / her hobbies / Interests / compulsions / habits? **V)** What are his / her fears? What scares him / her? He / she is scared of whom? How does he / she react to his / her fears? **VI)** What are his / her worries? What makes him / her tensed? How does he / she react to it? **VII)** When does he / she become angry? What are his / her thoughts then? What does he / she do then? How does it affect his / her body? **VIII)** When does he / she become violent? What does he / she do then? **IX)** When does he / she cry? **X)** What makes him / her very happy? How does he / she react to happiness? How does it affect his / her body? **XI)** What makes him / her very sad? What does he / she do then? **XII)** What makes him / her dull? What makes him / her active? **XIII)** What are puzzling questions in his / her life? XIV) What are his frequent sentences or talks? Describe them as exactly as spoken. XV) What does he / she want to contribute to this world?
2. His / her **life story** since his/her birth; His / her life situation; His / her life set up; Effect of various events on his / her life & what way he / she tackled them; Describe about nature/behavior of individual members of his / her family & the effect it has on him / her; What are the expectations of his / her mother, father, brother / sister, relatives, from him / her; What are his / her expectations from each of them; Describe events which affected him / her**; Mother's state of mind and dreams 1) before conception and 2) during pregnancy. Describe problems during pregnancy and delivery, if any. Father's state of mind during conception. Whether pregnancy was planned or unplanned & what was consequent feeling, thoughts and action regarding the pregnancy. What were expectations of mother from the budding child when he grows up? What were expectations of father from the budding child when he grows up?**

C**)** Dreams – recent / past – Describe dreams narrated by him / her. Write down what he / she talks and does during sleep.

1. His / her **daily routine.**
2. **Please write down your verbatim conversation with him in the coming week / last week. This may give us very good idea of psychodynamics that are taking place in his life. This may prove to be very good data from which we can know the causes of problems and their peculiar expressions. All of these will help us find out proper medicine for the patient as well as help us plan out strategies for removing causative factors from his life.**

7) All his/her **remaining complaints, sensations and features** from head to foot.

**8) I)** History of **developmental milestones** during childhood – starting of walking / talking / teething.

**II)** History of **vaccinations** & their after effects.

**III)** Detailed **nature as a child** (if not described earlier.)

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