



# **Homoeopathic case Record Form**

**(For Adult)**

**Case ID**

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# CONFIDENTIAL

Date :

Name : \_\_\_\_\_  
(Begin with Surname)

Date of Birth :

Age :

Sex: Male / Female

Address :

Telephone (R) :

Mobile :

E-mail :

Religion :

Diet : Veg. / Non veg.

Marital status : Single / Married / Divorced / Widowed.

Education :

Occupation (Nature of work) :

Address of work place :

Telephone (W) :

E-mail :

Nationality :

Language spoken :

Referred to us by :

**Details of Present illness**

1. What are your complaints?

2. Since when are you having the complaints?

**sensation:** Express the type of sensation or the pain that you get in your own words. Express the sensation or pain as it feels to you.

**origin of cause:** Can you trace the origin of the present illness to any particular circumstance, mental upset, illness, incident or accident? (E.g. shock, worry, errors in diet, overexertion, overexposure to cold, heat, etc.)

For complaints other than the main complaint, please mention here.

**PAst And FAmyly history**

Any Past History of illness:

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## **Personal history**

### **Allergy history**

Do you suffer from any allergic conditions, please specify.

If any specific allergen testing is done, then please mention and attach your investigation reports.

### **Addictions**

Which substances are you addicted to - like, alcohol or any other beverages, internet, shopping, any drug substances like smoking, tobacco, supari, pan, cannabis, alcohol, LSD, marijuana, cocaine, etc.?

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### **appetite And thirst**

How is your appetite?

When are you hungry?

What happens if you have to remain hungry for long?

Do you have a habit of eating fast?

How much thirst do you have?

How frequently do you drink and how much?

## **urine**

Any problem in urination?

Any strong smell of urine? What is it like?

Any difficulty in the flow? Slow to start, interrupted, feeble, dribbling, etc.?

## **stool**

Do you have any problem regarding your stools?

When and how many times a day do you pass stools?

Are you satisfied after passing stools?

When is it urgent?

Do you have to strain for stool? Even if soft?

## **sweat / Perspiration**

How much do you sweat?

On which part do you sweat the most?

Does the sweat smell? What is the kind of smell?

Does the sweat stain the clothes? What color?

Any complaints after sweating?

Do you perspire on the palms or soles

**sleep**

Describe your posture in sleep. (e.g. on back, abdomen, sides) Are you uncomfortable in any position?

How is your sleep pattern?

During sleep do you grind / snore / dribble saliva / sweat / keep mouth open / walk / talk / moan / weep / become restless / wake up with a jerk, etc.?

Describe anything unusual about your sleep.

How much do you cover / uncover any parts

**Dreams:**

What types of dreams that you have:

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**For men**

Is there any difficulty in erection?

Do you suffer from weak erection, failing erection? Describe.  
Is there any premature ejaculation?

Any complaints of nightfall or seminal emissions?

**For women**

Any dryness, itching, discomfort, bleeding, burning or pain in vagina before, during or after sexual intercourse?

Any pain in abdomen after intercourse?

**menstrual history**

At what age did your menses start?

How are the menses; regular or irregular?

Did you have any trouble?

How many days is your monthly cycle?

**menstrual Flow**

Duration (days):

Quantity of flow (e.g. profuse, scanty, moderate):

Color of flow:

Smell if any from the flow:

Do you have any complaints before, during or after menses? If so, describe.

Any complaints around that time?

Did you experience any symptoms during menopausal period?