By filling this form and returning it to the practitioner, I (the patient) confirm that I request Homeopathic treatment.

**Could you please provide the following information for selection of the proper remedy? Please give as much details as possible. There is no limit!**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Occupation (activity): |  |
| Date of Birth: |  |
| Place of Birth:  |  |

**Describe your main suffering? How long have you had this for?**

**Exact location?**

PLEASE USE THIS DIAGRAMME IF THIS HELPS:



**Any cause which you feel for this ailment?**

**When did it all start? What happened before or when this ailment started?**

**What other physical conditions do you have?**

**What mental sufferings / feelings do you have associated with your physical sufferings?**

**What are the things which aggravate or ameliorate your suffering?**

**Which weather makes your condition better or worse?**

**Since this condition started, do you have food craving / aversions?**

**Since this condition started, how is your thirst: Less, Normal or Excessive?**

**Since this condition started, how if your hunger: Less, Normal or Excessive?**

**Since this condition started, how is your bowel movement and stool type?**

(Constipation etc.)?

**Since this condition started, how is your sleep, how are your dreams?**

**Do you have any strange, peculiar or unusual symptom or feelings?**

**What medications have been taken earlier?**

(medical drugs, herbal treatment or any other)

**Any other information?**

- THE END -