

i treat, He cures



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DR GANDHIS' CLINIC

CASE RECORD

Name:

Case No :

Age: **Sex:**

Date of Appointment:

Address:

Contact no: **(Mobile)** **(Res)**

Email id:

Occupation:

Instructions for filling the form:

- 1) **The patient is required to fill this form himself/herself.**
- 2) **For prescribing an effective homeopathic remedy the doctor needs to understand your emotional and intellectual nature. Each of these questions has a definite meaning and significance for us. Even something that you may think is not connected with your trouble, may be important for us to decide your remedy. Hence it is important that you answer these questions freely, frankly and completely.**
- 3) **Whatever you tell us will remain absolutely confidential.**

1) What are your main issues? How did they begin? Can you trace the origin of the present illness to any particular circumstance or event which was mentally disturbing?

2) What medications are you taking currently?

3) Describe your nature.

4) What are your worries? Do you get anxious easily? About which matters?

5) What makes you angry/irritable? How do you react to anger? What bodily symptoms do you get when angry? Example: Trembling, sweating, etc.

6) What were your fears as a child? Are you fearful of anything such as animals, being alone, darkness, death, disease, robbers, sudden noise, thunder, of future, failure, high places, etc.?

7) Do you have any imaginary sensations, visions or voices?

8) Are you doubtful or suspicious? Of what?

9) Any unwanted thoughts anytime? What are they?

10) How is your memory? For what is it poor? Example: Names, places, faces, what you have read, roads, etc?

11) Describe some dreams. You can mention any dreams since childhood, which you remember. This is an important question which helps us understand the remedy. Describe in detail.

Circle the type of dreams that you have

Animals Cats Dogs Horse Wild animals Snakes	Robbers Ghosts Accidents Fire Storm Wars	Travelling Flying Swimming Drowning Falling	Houses Flowers Water Snow Rain
Death Dead Bodies Suicide Dead people	Being hungry Exercising/ Fatigue Urine/ Stools	Romantic Sexual pleasure Rape Nakedness	Pain Illness Sickness Mutilation
Talking Singing Dancing Pleasant	Business Money Day's work Forgotten work	Failure/ Exams Missing train Being unprepared Unsuccessful effort	Weeping Jealousy Quarrel Insult
Police Imprisonment Murder Poison	Danger Being pursued	Of people children Parties Marriage	Of events Recent Past Predictive

12) What are the greatest grieves you have gone through in your life?

13) What are the greatest joys that you had in your life?

14) In your opinion, which aspect of your mind and moods are not agreeable to you, that in spite of your awareness and maturity, you are unable to change?

15) Describe your situation in life and your relationship with your family members, friends and associates at work.

16) Are you worried or unhappy over any personal, domestic, economic, social or any other matters? If so describe them in detail.

17) Any addictions?

Tobacco Alcohol Any other

18) Any problem related to sexual desire, intercourse, sexual preference, perversions or infections?

19) For women: Any trouble before, during or after menses?

20) This section is important. Think carefully about effect of each factor on your overall health and especially on the complaint.

For instance if by going out in the sun you get a headache, then write ‘headache’ in the effect column next to ‘sun’.

FACTOR	EFFECT	FACTOR	EFFECT
Hot weather		Lying on side	
Cold weather		Lying on back	
Rainy weather		Noise	
Cloudy Weather		Music	
Change of season		Strong smell	
Thunder storm		Light	
Warm bath		Dust	
Fan		Smoke	
Air conditioner		Touch	
Cold bath		Pressure	
Climbing stairs		Tight clothes	
Going down		Narrow places	
Elevators		Open air	
Giant wheel		Draft of air	
Looking from high places		Travelling in bus	
Looking at moving Objects		Travelling in airplane	
Exercise		Hunger	

21) Problems Related to Childhood:

a) Mother’s mental and physical state during pregnancy

b) Any Delay in growth and development, in speech, walking or other physical milestones?

c) Tick if you had any of the complaints listen below

Bed wetting	Temper Tantrums	Poor Memory
Thumb Sucking	Eating chalk	Poor Concentration
Nail Biting	Separation Anxiety	Difficulty in reading
Stammering		Difficulty in writing

d) Any Other problem?

e) Any major illness since childhood?

22) What are your interests and hobbies? What activities do you deeply like?

23) Are there any matters which you deeply dislike?

24) How particular are you about order and cleanliness in your surroundings?

25) Do you have any particular interest in plants, trees, gardening?

26) Do you have a particular liking or aversion or fear to animals? Any animal in particular?

27) What changes you want homeopathy to bring in you?