



Intake form

Before you fill in the details given below you need to know a few things.

- This intake form is important for me to know your detailed medical history. Questions are based on your personal, physical, emotional and familial aspect of your life. Filling it out with honesty and after giving fair thought to every question makes my work much faster and effective and hence better results.
- Do not hold back any information something that is trivial to you is important to me, helps me understand you better.
- Do not reply in a yes or a no to the questions asked, describe it justly.
- The information provided is completely confidential no part of it will be shared without your due consent.

PATIENT INFORMATION

Patient's name:		Marital status:	
	Age:	Sex:	D.O.B:
City:		State:	Zip-code:
Contact no:		Email:	
Occupation:	Ref by:		



CHIEF COMPLAINT

Fill in the chief complaint suffering from at present in the space provided below. The complaint should include the following parameters

- a) When did it start?
- b) How long it's been going on?

- c) What are the exact symptoms?
- d) How often have you suffered from it/did you get this before?
- e) Can you think of something causing this?

Any other complaint you might be suffering from but may not be that pressing at the moment?

Complaints that you might have suffered from in the past (past history) Also write in a brief of the major medications you were on



Fill in the diseases/complaints suffered by your family (blood relatives)

Name	Disease suffered
Mother	
Father	
Siblings 1) 2) 3) 4)	
Grand-mother (maternal)	
Grand-father(maternal)	
Grand-mother (paternal)	
Grand-father(paternal)	
Uncle/aunt	

Any additional information to be added:



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GENERAL HISTORY

How is your appetite? Good/ nil/ large comment

What do you like to eat the most?

What do you despise in eating?

A particular taste you like the most?

Are there any allergies or problems that are caused with certain food stuffs?



How much water do you consume in a day?

Any habits related to drinking/ eating/ smoking?

Fears, state if any.

Any sort of motion sickness/sea sickness?

Any effects due to excessive noise/ light/ sound?



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What season do you love the most and why?

How many hours do you sleep? How well do you sleep?

Do you have any habits like:-

- Sleep talking
- Sleep walking
- Drooling
- Snoring

CHILDHOOD HISTORY

Q) Any complication at birth?



Q) Comment on your milestones (teething, sitting, standing, walking, and speaking)

Q) Any ailments suffered as a child?

Q) Vaccines administered?

PREGNANCY HISTORY

How many times you conceived?



How many abortions/ miscarriages or still births if any? State cause

How many kids do you have, give details about them.

Name	Age	Sex	Nature of delivery whether natural/ cesarean

Any stress during pregnancy?

Any other problems during/after the pregnancy?



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SEXUAL HISTORY

Did you suffer from any STDs?

How do you feel about sexual intercourse?

How often do you indulge?

Any habits/fetish?



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Any problem before/ during/ after sexual intercourse?

How is your relationship with your partner?

MENSTRUAL HISTORY (For females)

At what age did you get your first period?

How is your cycle? Regular/ irregular?

How long does it stay?



Color and consistency of the blood for e.g. watery/ clotted/ bright red/ dark red etc.

Any intermittent bleeding between two cycles?

Any associated troubles before/ during/ after menstrual cycle?

Any problems with breasts?

Any emotional changes during menses?



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Do you have any white discharges before and after the menses? If yes comment

MENOPAUSE

At what age did you get it and events leading to it describe in brief

Condition after menopause

DREAMS

What kind of dreams do you get?



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Any specific dream that you remember

PERSONALITY BASED QUESTIONS

How would you describe yourself?

How sensitive you are?

What are your strengths and weakness?

What are your hobbies?



How attached you are to your family or friends?

What is your life goal?

Are there any high or low points in your life?

How easily do you get angry?

Thank you!!!