

Homoeopathic Medical Questionnaire

This questionnaire may seem complex, tiresome, even confronting. We apologise; yet it is designed to help us assist you more effectively and less expensively. Don't feel compelled to answer everything, nonetheless we will try to help you. Continue referring to these questions for explanation as you fill in the answer sheets.

1. MAIN COMPLAINTS: Describe the present problem(s), and their chronological development from onset. Include causative factors, investigations (tests) and treatment(s). Especially note any factors that make the complaints better or worse, or further complaints that come at the same time.
2. OTHER PROBLEMS: Describe all other current complaints - mental emotional and physical.
3. Tobacco, Alcohol, Drugs, Therapies, Present Medications: Describe and quantify please.
4. ALLERGIES & SENSITIVITIES: Summarise the disturbing substances and your reactions.
5. IMMUNISATIONS: List those you have had and any significant reactions.
6. PRIOR MEDICAL HISTORY: Record chronologically, include foetal, birth, abnormal development, illnesses, accidents, surgery.....
7. OBSTETRIC HISTORY: List pregnancies, abortions, miscarriages, and any problems with them.
8. FAMILY MEDICAL HISTORY: Cancer, T.B., diabetes, asthma, recurrent infections, venereal disease, alcoholism, psychological problems....(Great)grandparents, parents, uncles, aunts, siblings, children.
9. HOME SITUATION: The people at home, relationship or housing problems.
10. AUTOBIOGRAPHY: Brief, chronological, dated, listing the events/experiences which have had major, formative, or disturbing effects upon you.
11. REPRODUCTIVE SYSTEM: Particularly high or low libido; sexual functioning difficulties.
12. MENSES HISTORY: Age began, regularity, length of cycle, nature of flow, pain, premenstrual symptoms, date of last menses.
13. MENTAL & EMOTIONAL:
 - a) What are the qualities in others that bother you?
 - b) Which aspects of yourself bother you, or do you feel you must control?
 - c) Are you unusually fearful, anxious, sensitive, depressed, destructive or antisocial?
 - d) Where do you fit between the extremes of various character traits and emotions? Tick the most appropriate number(s) in each polarity:
2 - strongly or frequently; 1 - less marked or sometimes; 0 - nil to remark
 - e) Points to add or emphasise?
14. GENERAL PHYSICAL REACTIVITY:
 - a) Circle from this list any which disturb you.
 - b) Heat/cold sensitivity - circle as appropriate.
 - c) Geography - circle as appropriate.
 - d) Periodicity - do any of your complaints come at : the same hour, weekly, 2,3 or 4 weekly, annually?
 - e) Do you blush or flush easily?
 - f) Perspiration - excessive or little? Any particular part of the body? Prominent odour or consistency? At any particular time or circumstance?
 - g) Do your nails split or break easily? Wounds heal slowly or become septic?
 - h) Do you get herpes eruptions - cold sores; or mouth ulcers?
15. FOOD & DRINK:
 - a) Do you eat or drink more or less than most people; have an unusual daily eating pattern; or become unwell if you miss a meal?
 - b) Here we are looking for how your taste buds urge you, not for what you think is a healthy diet. Which of the following foodstuffs do you particularly desire, dislike or find upset you:
sweet, chocolate, honey, sour, vinegar, pickles, salty, bitter, spicy, pepper, mustard, cloves, garlic;
meat, pork, ham, chicken, eggs, fish, oysters, shellfish, smoked foods, cheese, yoghurt;
fat from meat, butter, rich food;
bread, pasta, pastries, buckwheat;
sweet fruit, sour or unripe fruit, lemons, apples, oranges, pears, plums, bananas, strawberries, melons, nuts;
vegetables: potato, cucumber, onion, cabbage, aubergine, carrots, tomatoes, peas, beans, salads....
Foods: raw, dry, cold, ice, hot;
Drinks: cold, beer, wine, alcoholic, brandy, milk, hot, soup, coffee, tea....
16. Sleep: Favoured position (Lt/Rt side, back, abdomen)? Difficulty sleeping, excessive sleeping, yawning, sleepwalking, snoring, teeth-grinding, talking, laughing, perspiration, restlessness, unusually hot or cold in sleep?
DREAMS - recurring themes, emotional reactions, or dreams that have been particularly impressive?
17. Other Details: Could there be anything else? Feel free to add it.

BIRTH
DATE

Hm PHONE

Wk PHONE

PHONE

MEDICARE
NUMBER

DATE _____

Please leave FREE

2. OTHER PROBLEMS:

ALCOHOL / Day

THERAPIES

[No./day]

[illegible]

<u>4. ALLERGIES & SENSITIVITIES:</u>		Substance	Reaction	Please leave FREE
Substance	Reaction			

5. IMMUNISATIONS:

6. PREVIOUS MEDICAL HISTORY:

7. OBSTETRIC HISTORY:

8. FAMILY MEDICAL HISTORY:

9. HOME SITUATION:

10. AUTOBIOGRAPHY:

11. REPRODUCTIVE SYSTEM:

12. MENSTRUAL HISTORY:

13. MENTAL & EMOTIONAL: a)

Please leave FREE

b)

c) Circle the FEARS that disturb you: being alone, people, being touched, dirt, crowds, enclosed/open spaces, dark, tunnels, sleep, on waking, cancer, contagious disease, death, insanity, loss of control, doctors, needles, medicines, noise, humiliation, dogs, snakes, spiders, birds, mice/rats, insects, ghosts, evil, accidents, misfortune, attack or injury, robbers, failure, poverty, trifles, heights, falling, thunderstorms

Circle the ANXIETIES you are prone to: alone, company/conversation, in bed, on waking, sex, of conscience, salvation, duty, business, anticipating events/challenges, eating, excitement, for family/others, health, around menses, during heat flushes, trifles, upward/downward motion, from noise, when still/walking

Circle strong SENSITIVITIES: noise, music, smells, colours, certain persons, quarrels, rudeness, cruelty, injustice, reprimand, light, pain, spiritual activity(clairvoyance)
OR lack of sensitivity

Circle any DEPRESSIVE feelings you are prone to: discouraged, despairing, forsaken, lonely, helpless, morose, disgusted with life, suicidal thoughts....

Circle your DESTRUCTIVE & ANTISOCIAL behaviours: biting, tearing, cutting, cursing, throwing/breaking things, spitting, striking, cruel, malicious, mischievous,.....

d) Tick appropriate space(s) between these polarities (eg both ends if you go strongly each way)

	2	1	0	1	2	
Extroversion, talkative						Introversion, reserved
Desire company						Averse to company
Affectionate						Averse to touch, detached
Sympathetic						Let others sort themselves out
If upset, seek consolation/support						Averse consolation/prefers alone
Contradicts, obstinate						Easily influenced/submissive
Courageous, dictatorial, powerful						Shy, lacks confidence/courage
Irritable, abrupt, abusive						Mildness, diplomatic
Optimistic						Pessimistic
Happy, joking						Depressed, sad
Excitable, passionate						Indifferent
Weeping easily/frequently						Never weeping, or only alone
Forgives & forgets easily						Brooding, dwelling on the past
Decisive						Indecisive, irresolute
Desire to travel & change						Homesickness, resists change
Discontented						Satisfied, content
Industrious, ambitious						Lazy, persists in nothing
Impulsive, hurried, impetuous						Cautious, careful, slow
Fastidious, conscientious, punctual						Untidy, chaotic, late
Trusting, naive						Jealousy, envy, suspicious
Generous						Selfish
Frequent or extreme mood changes						Moods stable

e) Further characterisation:

14. GENERAL PHYSICAL REACTIVITY: a) If any of the following disturb you circle it: lying, sitting, standing, walking; clothing loose or tight; weather: cloudy, rainy, storms, windy, sunny; being in the sun; outside in open air, inside with closed windows, in a draft; Full moon, new moon, waxing moon, waning moon.

b) Heat/cold sensitivity, circle your preferences:

Season - Spring, Summer, Autumn, Winter;

Maximum day temperature °C: - 15 - 20 - 25 - 30 -

Warm clothing: more, average, less

c) Do you prefer: mountains or seaside; people, animals, or natural surrounds.

d) Periodicity of complaints:

e) Do you blush or flush easily?

f) Perspiration:

g) Nails and wounds:

h) Herpetic eruptions?

15. FOOD & DRINK: a)

b) TASTE DESIRES:

TASTE AVERSIONS:

DISTURBING FOODS:

16. SLEEP:

DREAMS:

17. OTHER DETAILS:

Please leave FREE