

MEDICAL HISTORY FOR HOMOEOPATHIC TREATMENT

Directions for a written submission

INTRODUCTION

Holistic treatment demands comprehensive understanding of disease as well as that of the person. At Make My Health Clinic, we make holistic care experiential by making a comprehensive, in-depth and systematic study of the difficulties that our patients face. By doing this we create a best opportunity to provide effective and quality health care solutions in the form of Homeopathic medications, diet & lifestyle counseling etc.

Therefore, it is essential to understand not only your complaints but also your entire personality, your emotional state, your stresses, your relationships as well as effects, likes and dislikes pertaining to food climate etc.

Incomplete information will make correct choice difficult. You are, therefore, requested to supply the information without keeping anything back as irrelevant or of little importance. The history that you provide becomes basis for further **detailed** inquiry. Hence, we earnestly request for your full co-operation. **All information supplied, of course, will be strictly confidential.**

This information will help us in rendering you the best possible service.

PRELIMINARY INFORMATION

Name of the patient in full, Date of Birth, Sex, Residential address with telephone no- landline & mobile no with country/ city code, e-mail id, Status (Single / Married / Widowed since / Divorcee since), Religion / Community/ Sect, Vegetarian / Non-vegetarian / Eggs / Vegan, Addictions, Tobacco chewing / smoking, Tea, Coffee, Liquors (please state the quantity consumed daily)

Educational career and qualifications. Occupation, with a full address and tel. no.

Your daily routine from getting up in the morning to retiring at night. Include in this your dietary schedule furnishing full details in respect of time, type and quantities of food items consumed.

CHIEF COMPLAINT

Describe your main complaint.

Describe in details your entire experience about the complaints which trouble you the most. Give a full description of the trouble right from the time of onset, its subsequent development, spread and response to treatments taken. This should give full idea of:

1. Area affected: Location, extension, direction of spread, the march of events.
2. Mention frequency, duration of the complaints.
3. Sensation experienced in the area of trouble.
4. Conditions that have brought on the trouble: examine the circumstances that occurred just before or at time of onset of your complaints, paying attention to physical as well as emotional factors.
5. Condition that increase the trouble or those that afford relief.

6. Other troubles experienced at the same time along with the main trouble for example... pains accompanied by perspiration/ nausea/ vomiting/ gas etc.

OTHER COMPLAINTS

Describe all complaints which had troubled you in addition to the main complaint .Each should be described fully as suggested above for the 'CHIEF COMPLAINT'.

PERSONAL DATA

Give a full account of the following:

- (1) Physical description of self like weight, height, waist measurement, physique etc. and what you feel about it.
- (2) Share your experience about significant events in your life and their impact on you

WORK AREA: Describe the nature and responsibilities of your work (current and previous). Describe the difficulties you experience in the place of work and the level of job satisfaction. Describe financial responsibilities and strains, if any (present as well as in the past).

FAMILY AREA: Give a clear cut picture of your relationship with your family members and associates.

SOCIAL AREA: Give an account of your social orientation, relationships, responsibilities etc and how it affects you.

- (3) Reactions to surroundings.
 - (a) Food desires and aversions, foods that do not suit etc.
 - (b) General environment: Describe which weather suits you the most. Also describe about type of temperature, bath, recreations etc.
 - (c) Sleep and dreams
 - (d) Sex (inclusive of menstrual and obstetric history).

Any other personal information which you feel, which may or may not have a bearing on your current health problem, affected you as a person or even otherwise that you feel is important to share.

PREVIOUS ILLNESS

Give a resume of the various illnesses you had and to what extent these have a bearing on the present troubles.

FAMILY HISTORY

Data concerning the parents, brothers and sisters. State details concerning the health of wife and children. Include in your list those who have died stating age of death, year and cause of the same.

GENERAL COMMENTS

Include here any items, which have not been included above.

ENCLOSURES

1. Medical Report and opinion on your state of health from physician.
2. Copies of Reports of investigations done.

Above history has to be written on a separate sheet and sent to us before the date of your appointment.