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MEDICAL HISTORY FORM

(BASED ON THE RAJAN SANKARAN CLINIC)

PLEASE READ THIS FIRST BEFORE FILLING THIS FORM

The selection of the best homeopathic remedy for you is highly individualized and is based upon the symptom you tell me. If I am to make a successful prescription, I must know all the details of your sickness, as well as understand all the features that belong to you as an individual. This includes your reactions to various factors, your past history and your psychological make up.

In order find all about you, I will ask you many questions. Each one of these questions has a definite meaning and significance for selecting the appropriate remedy. There is not a single question that is useless. Something that you may think is not connected with your issues may be the most important factor in deciding the correct homoeopathic medicine. *That is why you must be open and reflective and give the fullest possible information on each point.* Please read each question carefully, think, and if necessary, consult someone close to you and then answer completely. Do not keep anything back. Remember, whatever you say will remain absolutely confidential.

THIS QUESTIONNAIRE HAS 8 PARTS:

1. Your past illnesses. Please take time to answer this part with the help of your family members before coming in.
2. History of your present illness.
3. About all the parts of your body.
4. Factors that affect your health. Please think carefully about each of the factors mentioned and write what specific effects they have on you.
5. Your mental state and your emotional nature. Please write in this part about your situation in life and about all the things that are bothering you. Be totally frank and open.
6. Your sleep and dreams.
7. For children or how you were as a child.
8. In this part you are given instructions on how to report each of your complaints. Read the instructions first. Then make a list of your complaints and describe each of them according to the instructions.

CONFIDENTIAL

Date:

Name: _____
(Begin with Surname)

Address:

Telephone: Residence:

Mobile :

E-mail :

Office:

Age:

Sex: Male / Female

D.O.B.:

Vegetarian / Non Veg. / Vegan

Single/Married/Divorced/Widowed

Occupation (Nature of Work) :

Education:

Referred by: