



General Homeopathic Questionnaire

HomeopathicVibes

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Name: _____ Today's Date: _____

Address: _____

Email
address _____

Phone: (day) _____ (eve) _____

Marital/Relationship Status: _____ Date of Birth: _____

Height: _____ Weight: _____

Referred by: _____

1. What is your chief complaints (CC)?

2. When did this problem begin? What happened in you life around that time? What do you think caused it?

3. What aggravates the CC? (Certain types of foods or weather, movement, light, noise, heat/cold or anything else that you can think of. Please be specific.)

4. At what time of the day or night is CC the worst? Specify an hour if you can.

5. What symptoms can you identify that accompany the CC?

GENERAL QUESTIONS:

6. Questions about the weather and environment: you only need to answer those, which apply to you.

a. In which season does the weather bother you the most?

b. How do you react to cold, hot, dry, wet or windy weather? Please mention any and all types of weather that affect you, and how.

c. How does a change of weather affect you?

d. How do you feel in bright sunlight?

e. Do you have any special reactions before, during or after a storm? Please specify.

f. How do you react to drafts of air? (e.g. open window, having a fan on you) Do you sleep with the window open even when it's cold out?

g. How do you react to sudden changes in temperature (e.g. going from a cold

environment to a hot room or vice versa)?

h. What about warmth in general, warmth of the bed, of the room, of the heater or stove?

i. How do you feel at the seashore, or on high *mountains*?