

Digestive and Excretory history

15. Did you ever have irritable bladder or urinary incontinence? Y N
16. Do you have stomach upset, nausea or pain?
Y N
17. How often you have stomach upset, nausea or pain if yes?
Y N
18. Less than once a week, more often or always? Circle one.
19. Are you having any bowel problems Diarrhea /Constipation?
Y N
20. Please explain_____

State of Mind and /Moods

Are you having any these problems?

21. Mood swings / Irritability
Y N
22. Short temper ness /Cry easily
Y N
23. Sleep a little or sleep too much.
Y N
24. Have difficulty in falling sleep.
Y N

Mental Capacity

Are you having any these problems?

25. Difficulty in concentrating?
Y N
26. Do you often feel disorientated?
Y N
27. Did you have any issues with speech?
Y N

Circulatory & Respiratory system

Are you having any these problems?

28. Any chest pain or shortness of breath.
Y N
29. Dry or productive cough.
Y N
30. Heart palpitations/Anxiety/panic attacks.
Y N
31. Any night sweats
Y N

Musculoskeletal system and Joints

Are you having any these problems?

32. Muscle pain/Cramps/soreness of legs
Y N
33. Joint swelling worst during day
Y N
34. Joint swelling worst during night.
Y N

What kind of lab test have you done so far?
Please Explain:

What medicines have you taken for your so far?

Did you ever consulted any Homeopath in the past if yes, what did he/she treated you with?

How long have you been on the medicine?
