



## Adult skin Questionnaire

**HomeopathicVibes**

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(Please note that this questionnaire is for therapeutic purpose only and will not be shared with or disclosed to any one.)

Name  E-mail

Address

Home Phone no.  Cell Phone No.

City  State  Zip Code

Height in ft

Height in inches  Weight in lbs  Age

Occupation:

Since how many years you had skin problems?	<input checked="" type="radio"/> 1-5 years	<input type="radio"/> 10-15 years
	<input type="radio"/> 6-10 years	<input type="radio"/> more than 15 years

Q1. Have you tried alternative treatment before for this condition?

Yes  No

Q2. Homeopathic  Allopathic  Ayurvedic  Unani

Q3. How long did you take treatment?

Q4. How serious you think your skin condition is?  Mild

Moderate  Severe

Q5. What part of your skin is most affected?  Head or neck  arms  
 legs  back  Face  
 hands  Feet  buttocks  genitals  thighs  scalp mark all the areas)

Q6. Do you feel worried about the condition of your skin?  
 Yes  No

Q7. Does anybody in the family have similar skin disorders?  
 Yes  No

Q8. Does it affect your day to day life?  
 Yes  No

Q9. Are you a  Vegetarian  Non vegetarian

Q10. What is color of effected skin  Red  Dry  
patches  Oozing and blisters

Q11. Is there any fluid coming out of your skin?  Yes  No  
 Occasionally

Q12. Do your skin get worst by season?  Winter  Summer  neither

Q13. Does your skin get worst by open air?  Yes  No  
 neither

Q14. Does your skin gets worst by shower?  Yes  No  
 neither

Q15. Does your skin get better by shower?  Better  worst  
 neither

Q16. Are you suffering from any allergies  Yes  No  
 Never  Sometimes

Q17. If yes...Please mention the foods or items allergic to...

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Q18 Do you sleep well?  Yes  No

Q19. Do you have constipation?  Yes  No

Q20. Are you suffering from diabetes?  Yes  No

Q21. If yes, are you taking any medication? Please mention

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Q22. Are you suffering from Hypertension?  Yes  No

Q23. If yes, are you taking any medication? Please mention

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Q24. What fabric your wear most often?  
Synthetic  Cotton  Polyester

Q25. Do you take any alcoholic drinks?  
 Daily  Occasional  
 Never

Q26. Are you using cortisone or other local  
creams on it?  Yes  No  
 Never  Sometimes

Q27. What is your body type?  
 Cold or Chilly  Normal  
 Hot or warm

Reviewed by Harminder Singh D.H.M.S on \_\_\_\_\_