



 **Case taking form** 

(According to Samuel Hahnemann)

confidential

Name:

Age:

Religion:

Sex:

Occupation:

Married/Unmarried:

Education:

Address:

Contact No (mobile/email):

Regd No:

Date of visit:

Present complaints and its details

Origin/Chronologic sequence and progression of present complaints

(Can you trace the origin of present illness to any particular circumstances, mental upset, illness, incident or accident e.g. shock, worry, errors in diet, over-exertion, over exposure to cold and heat)

Write down your complaints one after another with space mentioning exact feelings, sensations, pains and its directions, location, and modalities (aggravation/ amelioration), motion, heat and cold, pressure, lying position on bed, time. With concomitant symptoms (associated symptoms e.g. pain pressing forehead from sunrise to sunset amelioration by pressure, after sleep with nausea).

History of the present complaints

(How it starts and for what justified cause if any, then what kind of treatment adopted must be mentioned)

For complaints other than the main complaint, please fill in the details in the table given below.

Sr. no.	Where is the trouble?	What exactly do you feel or have there?	What are the factors that make the trouble better or worse?	Concomitant(s):if any symptom associated/alternating with this complaint.

Mention specifically if any recurrent similar symptom complex in what season of the year and how it treated

History of past illness

1. (Measles, chicken pox, typhoid, malaria, jaundice, piles, any STD (sexually transmitted disease), UTI (urinary tract infection), any major accident or injury to body or head, any major bleeding from any part of body, any occasion of unconsciousness)

2. (If any history of operation and for what? If any history of hospitalization for what reason and date)

3. (History of immunization/vaccination-type of vaccination with date- if any history of reaction for what)

4. Any skin disease (what type of and where)
Type of the skin lesion, location of the body, colour, shape, with or without itching, and which season (what treatment adopted and what was the diagnosis)

Family history (alive or dead- cause of death)

Diseases	Father	Grand-Father (paternal)	Mother	Grand-Father (maternal)	Own (brother/sister)
Anaemia					
Cancer					
Diabetes					
Insanity					
Rheumatism					
TB					

Epilepsy(fits)					
Bleeding tendency					
Urticaria					
Allergy					
Eczema					
Asthma					
Paralysis					
Hypertension					
Heart disease					
Kidney diseases					
Liver diseases					

Generalities

1. Appetite and Thirst

- a. Appetite normal/less/excessive?
- b. What happened if you skip your meal?
- c. Do you have a habit of eating fast or slow?
- d. How much thirst do you have?
- e. How frequently do you drink and how much?
- f. Any particular time you feel hungry or thirsty?

2. Sweat or perspiration

- a. How much do you sweat in comparison to other?
- b. On which parts do you sweat the most?
- c. Does the sweat smell?
- d. Kind of smell?
- e. Does the sweat stain the clothes? What colour?
- f. Any complaints after sweating?
- g. Do you sweat on palms or soles?
- h. Any season/emotional state influence your perspiration?

3. Urine

- a. Any problem before, during or after urination??
- b. Colour of urine:
- c. Frequency:
- d. Odour:
- e. Flow (difficulty in flow):

4. Stool

- a. Times per day:
- b. Colour:
- c. Odour(sour, fetid, offensive):
- d. Consistency (hard, long, or ball like/ semisolid/solid):
- e. Shape:
- f. Mucous (present or not)
- g. Satisfied after passing stool or not? :
- h. Tenesmus (If any) before, during and after:
- i. Urging of the stool(time of the day, before rising, just after rising, after breakfast, or meal, any apprehension or any particular ,sudden or not):

5. Desire, aversion & intolerance

Name of food	Like	Dislike	Disagree
Sweet			
sour			
Salty/raw salt			
Spicy			
Juicy/dry			
Bitter			
Egg			
Fish/prawn/crab			
Meat			
Warm/hot/cold			
Milk/curds/ butter			
Unnatural craving (Clay, pencil, tea-grounds, ash etc.)			

Specify the name of the food which you crave/intolerate/allergic:

6. Sleep

- a. How is your sleep pattern?(fresh/dreamful/disturbed)
- b. How long you're suffering from sleep trouble? And for what?
- c. Lying position(prefer to lie on right/left/on abdomen or back):
- d. During sleep do you grind/snore/dribble saliva/sweat/keep mouth open/walk/talk/weep/restless legs or any part of the body

7. Dreams: pleasant/unpleasant, remember or not, describe your dream vividly:

8. Weather reaction:

- a. Sensitive to hot weather/cold weather/ change of weather /season
- b. Prefers to bath in warm/cold water// like bathing or not:
- c. Agree or disagree of bathing: if disagree then what occurs?
- d. how much cover he/she likes in comparison to others:
- e. Prefers tight clothing or loose clothing?

9. Mind (express your exact feelings , symptoms after confirmation by your close friend or parents):

- a. Temperament(mild/harsh/sentimental/impulsive/sad/moody/sympathetic/
Angry, weeping disposition, argumentative, egoistic, affectionate, reserved, communicative, emotional): Do you feel any change in your mind/thinking/reasoning/behaviour/feelings recently? and if yes from when and why?mention them with justified causes?
- b. Do you feel any change in your mind/thinking/reasoning/behaviour/feelings recently? And if yes from when and why? Mention them with justified causes?
- c. Likes and dislikes: (Company/music/consolation/circumstances)
- d. Mention level of understanding (dull, sharp, bright, creative, mode of answering (fast or slow /logical or absurd)/fixed mind)/illusion/hallucination/dilution?
- e. Memory: (Sharp / poor/ forgetful of recent/past events)

- f. Ailments from { grief/ remorse/ sad news / good news/excessive joy/insult/fright/fear/jealousy/loss of money/loss of reputation, disappointed love, ambition deceived, anger(with anxiety/with fright/indignation/with silent grief), ailments from contradiction/business failure, homesickness, cares and worries), sexual excess }
- g. Habits and obsession: (washing mania, tidy, untidy, habits and obsession, gestures, addiction(alcoholism),thoughts of various kinds, touch different conditions):
- h. What are your hobbies? (How do you spend leisure time?) Your ambition and wishes not fulfilled?)
- i. Give a picture of your relation with each of your family members/friends/associates at work?

Menstrual history for women

1. What age did your menses start?
2. Regular or irregular?
3. How many days is your monthly cycle?
4. Did you have any trouble?

Menstrual flow

1. Duration (days):
2. Quantity of flow (profuse/scanty/moderate)(what time it aggravates):
3. Smell (if any):
4. Stain (if any) & what colour:
5. Do you have any problem before during and after menses? if so describe:
6. Is there any white discharge? If so mention the nature, colour, consistency, and smell of the discharge?
7. When and under what circumstances it aggravates? Is it more or less? Have any relation with menses?
8. Sexual sphere? (Any particular feeling or symptoms that appear before during and after sexual relationships?)

Obstetrical history/pregnancy details/delivery

For Male ::

Search for any growth , discolour, swelling, phymosis, ulcer and marks?

Male Sexual sphere?

Normal abnormal excessive? Or any particular feelings or symptoms before during and after sexual relationship?

Signs

- | | |
|--|------------|
| 1. Pulse: | 5. Height: |
| 2. | 6. Pallor: |
| 3. Blood pressure: | 7. Tongue: |
| 4. Weight: | |
| 8. Skin lesion(moles/keloid/vitiligo/any marks/oily or not/rough of smooth): | |

9. Nails(brittle/corrugated/thickened/clubbing);
10. Eye:
11. Dental-carries:
12. Auscultation(heart/chest/lungs)
13. Abdomen:
14. Throat:
15. Nose(polyp/ulcer/abnormal growth/nasal septum):
16. Any gland(cervical/inguinal/axillary):

Lab investigation report(mention only abnormal findings)

Probable diagnosis

Miasmatic diagnosis with case synopsis

Probable remedies(after repertorization and case study)

Plan of treatment & final prescription

Date and advice	Follow up