

Reeshabh Online Homoeopathy Clinic (Patient Enquiry Form)

Fill in all details in right side of column. This Form will help Doctor to diagnose your problem and provide proper solution/medication.

Name of Patient :	
Address :	
Contact Number :	
Occupation :	
Age /Sex(gender):	

Present Complaint :	
Mode of onset :	
Causation :	
Duration :	
Location :	
Aggravation :	
Amelioration :	
Diagnosed as :	

Marital & Obs.H/O:	
Marriage :	
Issues :	
H/O Abortion :	
Any Harmonal pill has been taken ? :	
Contraception :	

The Lady (for Female Patient only)

Menarche	
Duration	
Character of Blood	
Nature	
Quantity	
Any Pain in Breast during menses	

Leucorrhoea

White /Yellow	
Thick / Thin	
Sticky	
Burning	
Itching	
Smell	
Relation to Menses	

The Gentleman (for Male Patient only)

I.C/wk	
Pains	
Erection	
Impotency	
Seminal Discharge	

Which Weather is Tolerable to You ?

Summer (hot)	
Rainy	
Winter (cold)	
Day / Night	
New /Full Moon	
Open air	

Effects of external factor on you ?

Light Music	
Noice	
Touch	
Pressure	
Order	
Other if any :	

Past Medical History (write down the year/month in which it happened)

Malaria		Tuberculosis	
Jaundice		Diarrhea	
Typhoid		Dysentery	
Pimples		Ring Worm	
Accident		Eczema	
Surgical Operation		Scabies	

Personal History

Hobbies	
Customs	
Cosmetics	
Religious	
Habits	

Family History

Father		Brother	
Mother		Sister	
Issues Any			

Blood Pressure		Weight	
Height		Respect	
Pallor		Cong. Deformity	
Tongue		On Examination	
Lymphadenopathy		Facial Expression	

Physical Genrals

Appetite	Moderate or Diminished :
Thirst	Character :
Sleep	Sound/Insomnia/Disturbed:
Discharge	Any H/O Constipation :
Bowel	Burning Micturation :
Urine	
Perspiration	
Habits	
Desire	
Aversion	

Emotions :Temperament (write "Y" if Yes and "N" or Nothing for No)

Hot & Short	Anger		Quarrelsome		Egoistic	
Sad & Depressed	Dull		Reserved		Quite	
Happy & Cheerful	Pleasureful		Joy		Laughing	
Nervous	Anxiety		Worry		Fear	
Mild	Weeping		Sympathetic		Timid	
Hurried & Restless	Impatient		Impulsive			
Activity						

Intellectual :

Perception	Feeling		Confused		Delusion	
Memory	Sharp		Weak		Loss	
Thinking	Logical		Emotional		Worrying	

Behavior :

Company	Desired or Not:
Voilent	
Immoral	Cursing /Lascivious:
Emotional	Romantic/Dancing/Singing:
Absurd	Foolish/Childish/Suicidal:

Desire /Aversion

Family /Business /Bed /Music /To Talk /To Sing /To be Carried

Answer:

Aliments From:

Bad News /Shock /Fear /Surprises

Answer:

Modalities

Talking /Mental Exertion /High Places /Open Air /Occupation /Consolation /Contradiction /Presence

Answer :

Sensation as if :	
Color	
Dreams	
Jealousy	
Feeling of Insecurity :	

If any Problem to mention ,write it below.(save and upload form now : [Click me](#))