

MEDICAL HISTORY FOR HOMOEOPATHIC TREATMENT
CHILD CASE FORM
INTRODUCTION

Dear Parents,

For finding out a correct Homoeopathic Remedy for your child- lots of information with regards to their Complaints & behaviour is required. Incomplete information will make correct choice difficult. You are, therefore requested to supply all information without keeping back anything as irrelevant or of little importance. The information you supply will assist me to define & thoroughly understand the problem. Full co-operation is therefore requested. **All the information supplied is, of course, strictly confidential.**

PRELIMINARY INFORMATION

Name in full, Address, Tel no ,Date of Birth, Male/Female,
Religion/community /sect, Vegetarian/non-vegetarian/Vegan.

Description of the current family set up, full detail pertaining to all the members, their ages, location, work they are doing and child's relationship with them. Include in your list those who have died, stating the age of death, the year and the cause of the same.

Daily routine from getting up in the morning to retiring at night. Include their dietary schedule furnishing full details in respect of the quantities consumed. Their education/school routine-relation with friends & teacher. Their performance & aptitude. Play -time activity.

CHIEF COMPLAINT

Describe fully what bothers them the most. Each trouble should be detailed as under:

Full description of the trouble right from the time of onset. It's subsequent development and spread and response to treatment taken. This should give the full detail of:

- Area affected: Location, extension, direction of spread, and the march of events.
- Sensation experienced in the area of trouble.
- Conditions that have brought on the trouble: examine the circumstances that happened just before or at the time of onset paying attention to the physical as well as emotional factors.
- Conditions that increase the trouble or those that relieve it.

Other troubles experienced at the same time along with the main trouble for example perspiration/nausea/vomiting/irritability.

OTHER COMPLAINTS

Describe here all other troubles. Each should be described fully as suggested above for the Chief Complaint.

PREGNANCY HISTORY - How was the health of the mother? Any food cravings or aversions/ her physical & mental health.

BIRTH HISTORY-Weight of the child, type of birth-ceassarian, preterm...

CHILD DEVELOPMENT-Age of teething/walking/talking.
Whether vaccinated or not? Any problems after vaccination.

PERSONAL DATA

Give a full account of the following:

- Physical description of child.
- Behaviour at home & at school. Fear/hobbies/Favourite toy or game. How does the child express his anger, love & sadness? Any Attention -seeking activity/Reaction to strangers.
- Reactions to surroundings.
 - Food: desire and aversions, foods that do not suit, etc
 - General environment: weather, temperature, bath, recreations, and habits like thumbsucking, nail biting
 - Sleep and Dreams

PREVIOUS ILLNESS

Give an account of the various illnesses had like measles, mumps...etc and, to what extent these have bearing on present troubles.

FAMILY HISTORY

Data concerning the Parents, Brothers and Sisters.

GENERAL COMMENTS

Please enclose medical reports & investigations done in the past.

Ring to book an appointment once you have forwarded the form.

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