

HOMOEOPATHIC CASE INTERVIEW FORM - ADULT

DATE OF BIRTH / /

AGE:

NAME:

G.P. 'S NAME, ADDRESS & TEL.NO.:

ADDRESS:

ETHNIC ORIGIN:

TEL. HOME:

EMAIL ADDRESS:

TEL. WORK:

TEL. MOBILE:

OCCUPATION:

MARITAL STATUS:

CHILDREN:

AGE(S):

GENDER:

PRESENTING CONDITION: - Please give brief details and any drugs or treatments.

PREVIOUS HEALTH: - Diagnoses, illnesses, operations, accidents and their dates.

FAMILY HISTORY: - Age, health – past and present, cause of death (where applicable) etc.

Mother:

Mother's Mother:

Mother's Father

Father:

Father's Mother

Father's Father:

Siblings:

PLEASE INDICATE IF YOU HAVE HAD PROBLEMS WITH ANY OF THE FOLLOWING:

1. Dizziness and Vertigo
2. Headaches
3. Eyes and Vision
4. Ears and Hearing
5. Nose and Smell
6. Mouth and Taste
7. Lips
8. Face
9. Skin
10. Boils
11. Warts
12. Nails
13. Throat
14. Glands
15. Breathing difficulties
16. Coughs
17. Palpitations
18. Hot Flushes
19. Fainting
20. Hernias
21. Pins and Needles
22. Numbness
23. Varicose Veins
24. Haemorrhoids
25. Cramp
26. Trembling
27. Twitching
28. Ulcers
29. Water Retention
30. Pains, anywhere
31. Tenderness or soreness, anywhere
32. Digestion
33. Bowels
34. Bladder
35. Do you bruise easily?
36. Do you heal quickly?
37. Do your complaints seem to be usually on one side? If so, which?
38. Do you smoke? If so, how many?
39. Do you drink alcohol? If so, how much? How often?
40. Other?
41. What are your exercise and recreation habits?