

Patient Name: _____

Date: _____

Homeopathic Intake Form

What is your main concern?

What makes your main concern better?

What makes your main concern worse?

Please answer the questions on the following pages as carefully, thoughtfully, and accurately as possible. Many of the questions may not seem directly related to your problem or main complaint, however, each one may help determine which homeopathic remedy is best suited for you. **All information in this questionnaire is kept confidential.**

The following general symptoms pertain to you as a whole person. Please circle the appropriate answer.

Which weather conditions are you most troubled by?

- | | |
|-----------|-----------------|
| Cloudy | Clear |
| Wet | Dry |
| Damp cold | Snow (Dry Cold) |
| Storms | Wind |
| Fog | Hot Sun |

Circle which seasons cause you the most trouble?

- | | |
|--------|--------|
| Winter | Spring |
| Fall | Summer |

Are you worse being in the:

- Mountains At the seashore Neither

Are you generally sensitive to and/or troubled by:

- | | |
|----------------|--------------|
| Bright Light | Darkness |
| Open Air | Stuffy Rooms |
| Tight Clothing | Noise |
| Odors | Drafts |

Are you generally chilly or warm?

- Chilly Warm

Which are you generally most sensitive to, warm or cold?

- Cold Warm

What are the best and worst times of day for you? (mood, energy, symptoms, etc.) Use a specific time like 10am or 2pm)

Worst: _____

Best: _____

Circle any symptoms you have during sleep.

- | | |
|--------------------|--------------|
| Tooth Grinding | Restlessness |
| Talking | Perspiration |
| Frequent Urination | Excess Heat |
| Excess Cold | Laughing |

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Snoring Nightmares
Recurring Dreams Sleepwalking

Circle what you prefer. Do you sleep....

Without Covers
Partly Covered
Fully Covered (Not including Head)
Fully Covered (Including Head)
With Arms or Legs Out of the Covers
Without Clothing
With a Fan or Air Blowing on You
With the Window open

What position do you sleep in most often?

Right Side On Back
Left Side On Abdomen

How much do you perspire?

Never Sometimes All the Time

Do you have difficulty waking?

Never Sometimes All the Time

Do you wake unrefreshed?

Never Sometimes All the Time

Food Desires and Aversions:

In the following questions you are asked how much you desire or dislike to a particular food or taste. Please answer from the point of view of your natural desires, not your knowledge of nutrition. For example, you may never eat fatty meat because this is known to increase cholesterol, however you do love the taste of fat. Answer the question that you like fat.

If you strongly desire or crave a food or taste, please circle it. If you detest a food or taste please cross it out.

Tastes:

Sweet Sour
Salty Bitter
Spicy (hot) Smoked
Juicy Refreshing
Pungent

Foods:

Alcohol Apples
Bacon Bread alone
Bread with butter Butter alone
Cheese Chocolate
Coffee Pastries
Eggs Fat (on meat)
Fish Fruit
Fruit (sour) Ice
Ham Ice-cream
Lemonade Meat
Milk Nut butters
Oysters Pickles
Vegetables Vinegar
Grain products (pasta, bread, cereal, etc.) Indigestible things (chalk, clay, paper)

Temperature of food. Which do you prefer?

Warm Food Cold Food

Warm Drinks Cold Drinks

Do you notice any specific tastes in your mouth (e.g., metallic, bitter, foul, etc.)?

How thirsty are you generally?

Not at all Very



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Do you have any anxiety? Yes No

If yes, what do you have anxiety about?

Do you worry about any of the following?

- | | |
|------------------------------------------------------------------------------|-----------------|
| Creative Activities | Emotions |
| Financial Security | Health |
| Mental Functioning | Morals |
| Social Life | Social Position |
| The Future | Work |
| Religion | Selfishness |
| Well being of family and close friends | |
| Irresolution (Not being able to decide or stick to a decision) | |
| CapriciousNESS(Changeable and erratic desires that are difficult to satisfy) | |

Frightened Easily Never Afraid

How much do you have the following symptoms?

10 often, 1 hardly ever.

1 2 3 4 5 6 7 8 9 10 Irritability

1 2 3 4 5 6 7 8 9 10 Jealousy

1 2 3 4 5 6 7 8 9 10 Alternating Moods

1 2 3 4 5 6 7 8 9 10 Even Moods

Circle those below that you strongly associate with yourself.

- | | |
|--------------------|-----------------|
| Stingy | Overly generous |
| Thrifty | Extravagant |
| Hurried, impatient | Slow |
| Messy | Fastidious |

- | | |
|----------------------|--------------------|
| Calm | Restlessness |
| Indolence (Lazy) | Always busy |
| Shy/Timid/Bashful | Outgoing |
| Anger | Mildness |
| Lack of moral sense | Guilty |
| Not Religious | Highly Religious |
| Obstinate (stubborn) | Yielding |
| Heedless/Reckless | Cowardice |
| Aversion to company | Desire for company |
| Not trusting | Trusting |
| Gullible | Suspicious |

Circle the expression that best describes your feelings about the following issues:

Significant past emotionally traumatic events:

- | | |
|----------------|----------------|
| Resolved Grief | Dwells on Past |
| Inconsolable | Remorse |
| Guilt | |

Feeling towards people close to you:

- | | |
|-------------|--------------|
| Loving | Affectionate |
| Indifferent | Resentment |
| Hatred | |

Feeling toward disease/condition:

- | | |
|------------|---------------------|
| Optimistic | Discouraged |
| Fearful | Despair of recovery |

Feelings toward life

- | | |
|-------------------|----------------------|
| Love life | Indifferent |
| Bored | Weary of life |
| Loathing of life | Desires death |
| Suicidal thoughts | Suicidal disposition |

Feeling toward spouse/significant other:



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Loving Affectionate
Dissatisfaction Disappointed
Indifferent Resentment
Hatred

Impending Disease Downward Motion
Evil Failure
Falling Ghosts
Heights Insanity
Misfortune A crowd
People Robbers/intruders
Snakes Spiders
Strangers Having a stroke
The Dark Thunderstorms
Water Wind
Something will happen

Circle which best expresses your general mood.

Morose Sad
Apathy/Indifferent Excitement
Exhilaration

How do you experience sympathy or consolation?

Like Dislike
Better from Worse from
sympathy sympathy

How talkative are you in general?

Aversion to talking Talkative

How often and easily do you weep?

Never Often

How often do you experience clairvoyance?

Never Often

How is your level of self-confidence?

Lack of confidence balanced Pride/Haughty

How impulsive are you?

Never Balanced Often

Are you afraid of any of the following?

(circle those that apply)

Animals Being alone
Death Relative's Death

Are you forgetful of any of the following?

Dates Names
Numbers Of words
Of what someone Of what you just said
just said to you

Do you often make mistakes with the following?

Numbers Words (reading)
Words (speaking) Words (writing)

Are you sensitive to any of the following?

(Do you react to it strongly?)

Beauty Criticism
Cruel Stories Frightening things
Being made fun of Music
Reprimand Rudeness
The suffering of others

For the following questions if neither answer fits put a line through the question.

How do you handle conflict usually?



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Quarrelsome Balanced Yielding

How are you in regard to authority?

Bossy/Dictatorial Balanced Yielding/Fawning

How critical are you of others?

Not at All Balanced All the Time

How critical are you of yourself?

Not at All Balanced All the Time

How often do you reproach (find fault, scold, or blame) others?

Not at All Balanced All the Time

How often do you reproach yourself?

Not at All Balanced All the Time

Do you think you lie often? Yes No

Do you have any of the following behaviors?

Abusive Biting
Breaks Things Contrary
Cursing Disobedience
Violence Insolent (insulting, boldly rude)
Rage Rudeness
Striking others Striking self

Any other strange or unusual symptoms you would like the doctor to know about?
