

CASE RECORD FORM
&
QUESTIONNAIRE/GUIDE LINES

Date_____

Disease diagnosis_____

Age_____ Sex M/F_____ Religion_____ Date of Birth_____

Name_____

Tel. No_____ Email_____

Address_____

Occupation/Student_____

Education (Highest)_____

Strong Interests_____

Marital-status: married/single/widowed_____ Children(#)_____

Spouse/Partner name_____

Who do you live with_____

Sexual preference: opposite sex/same sex/both_____

Abortions/Miscarriages_____

1. What are your present troubles or complaints (write most troublesome complaint first, then others in order of their urgency). Try to give the following details about each of your complaints separately, describing as accurately as you can remember.

(a) When did it start? Precise date or month and year if possible.

(b) Its previous nature? e.g. pain, soreness, burning, constriction, weakness, numbness, uneasiness, swelling, etc.

(c) At what particular place of the body is the complaint?

(d) What are the conditions, which cause increase or decrease/relief in the complaints? e.g. time of the or night, rest or motion, heat or cold, etc.

(e) How it began? Any remarkable cause for its start?

8. List any history of any of the following diseases in your blood relations, on the paternal or maternal side – insanity, epilepsy, rheumatism, asthma, tuberculosis, cancer, venereal disease, skin disease, diabetes, hypertension, peptic ulcer, gallstones, kidney stones, hemorrhoids, fistulas, etc.

Mom side

Dad side

Siblings

9. Personal history: -
- (a) Any kind of mental or physical difficulties in home life or your occupation?
 - (b) Any sexual bad habit?
 - (c) Any kind of addiction?
 - (d) Any kind of irregularity in daily routine life – meals, sleep, or rest, etc.
10. Physiological functions: -
- (a) Appetite – excessive desire for
 - (i) Salt, sweet, sour, pepper, bitter, fries, fish, meat, egg, coffee, alcohol, milk, fruit, rice, bread, cold or hot food and drinks, ice, indigestible things like chalk, earth, slate pencil, coal or any such other thing?
 - (ii) Excessive craving or aversion for any of the above things?
 - (iii) Disagreement of food/drink of any of the above things and what kind of trouble caused by any of these?
 - (iv) Taste – Any abnormality in the taste of any of the above items of food or drink? Any bad taste or smell in the mouth?
 - (v) Can you take normal quantity of food or only a small quantity?
 - (vi) Do you feel any trouble after eating or drinking?

- (b) Thirst – excessive desire or no thirst usually?
 - (i) Any dryness of mouth?
 - (ii) Does water taste normal or bad?
 - (iii) Any difficulty after drinking water?
 - (iv) Any difficulty from taking ice, cold or hot drinks?
 - (v) any strong preference for cold or warm foods?
- (c) Urine – Any trouble or peculiarity?
- (d) Stool - Any trouble or peculiarity?
- (e) Sweat – Anything remarkable?
- (f) Sexual Function – Anything remarkable?

11. FEMALES ONLY

- (a) Menstrual function – Relate clearly about the quantity, duration, and interval of menses.
 - Age of onset of first menses?
 - When was your first day of your last period?
 - Age at menopause?
 - Any hot flushes?
 - Any vaginal discharge? describe color, odor, consistency and pain/itch and when it comes etc
 - Any trouble before, during, or after menses?
- (b) Pregnancy: -
 - (i) How many children, their respective age. Any abnormality in the health of any of them.
 - (ii) Any abortion, their date, cause and accompanying troubles.
 - (iii) Any remarkable trouble during any of the pregnancies.
 - (iv) Any remarkable trouble during or after any childbirth.

- 12. Do you have any sensitivity to temperature, wind, weather or season that are strongly bothersome?
- 13. Do you have any sensitivity of odor, noise, music that is very bothersome to you?
- 14. Describe any habits or tendencies (active, restless, lethargic, easily tired, pick nails, tics, lick lips, thumb sucking etc.).
- 15. Describe your temperament, mental condition and emotions. Describe strong and recurrent feelings, mood, and emotions when alone or with others.

16. Reports of special investigations may be helpful if you have access to them (pathological, radiological, etc.).

INSTRUCTIONS FOR CONSIDERATION OF YOUR CASE

- After submitting the details of your case ask for an appointment for personal consultation.