**Kavitha Holistic Approach**



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**HOMEOPATHIC CLIENT (CHID) CASE - RECORD**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_**

**Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family doctor or clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the patient is a child, please indicate the following:

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child lives with you?\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child lives with you?\_\_\_\_\_\_\_

What vaccinations has the child taken?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR HEALTH HISTORY:

What medications do you currently take?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medications have you taken in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any of the previous illnesses? (Please indicate the diagnosis and when it occurred)

Autoimmune disease

Cancer

Heart Disease

High blood pressure

Diabetes

Mental illness

Neurological disorders

Pneumonia

Tuberculosis

Venereal diseases

Any surgeries or hospitalizations:

**Important Message**

A Homeopathic remedy is mainly selected based on the symptoms you (client / patient) give us. If we are to make a successful Homeopathic remedy selection, we must know all the details of your sickness. We must also understand all the features that belong to you as an individual. This includes your reactions to various factors, your past and family history and your mental condition. All this information enables us for proper selection of the remedy that removes your sickness. The Homeopathic medicine also makes you well as a whole person.

In order to find out all about you, we shall be asking you many questions. Each one of these questions has a definite meaning and significance for us. There is not a single question that is useless. Even something that your may think is not connected with your trouble, may be the most important factor in deciding the correct homoeopathic medicine. That is why you must be free and frank and give us the fullest possible information on each point. Please read each question carefully, think and then answer completely. Do not keep anything back. *Remember, whatever you tell us will remain absolutely confidential.*

We may ask you the same questions again and again. This does not mean that your answers are not clear, or that we did not understand them. We found that by asking some questions repeatedly we are able to get a clearer perception of what your inner experience is, and this is vital to find a good remedy for you.

**THIS QUESTIONNAIRE FORM HAS BELOW MENTIONED SECTIONS:**

* About your past illnesses and family illnesses. Please take time to answer this part with the help of your family members.
* History of your present illness.
* About all the parts of your body.
* Deals with the factors that affect your health.. Please think carefully about each of the factors mentioned and write what specific effects they have on you.
* About your mental state and your emotional nature . Please write in this part about your situation in life and about all the things that are bothering you. Be totally frank and open.
* About your sleep and dreams .
* For children (or) you as a child .

**HOW TO DESCRIBE YOUR COMPLAINTS**

Homeopathic system of medicine individualizes the patient and also individualizes the homeopathic medicine. It means treat the patient and not just the disease, so we try to get all the unique distinguishing features of a patient suffering with a disorder which usually not requested by a medical doctor for diagnosis.

Say for example a person who is suffering with migraine from the point of medical doctor he has 3-5 medicines he prescribes to all patients suffering with migraine, where as in Homeopathy there are 30-50 medicines which are indicated for migraine so a Homeopath tries to individualize the migraine patient in order to select most similar or similimum to the patient. That means one patient suffering with migraine may feel better by applying pressure to head and other migraine patient gets worse by any kind of pressure so two different medicines needs to be selected for two different patients, this is what individualization in homeopathy means. What patient seems to be unimportant symptom or sensation is most important from homeopathy standpoint as it is just related to that patient and it is unique.

Here we are not using word medical diagnosis nor trying to do medical diagnosis what we are doing is just trying to understand patient suffering from homeopathic stand point.

A homeopathic symptom is qualified by 4 points:

* + Location (which part is involved)
  + Sensation (what kind of pain or feeling experienced)
  + Modalities (what makes worse and what makes better)
  + Peculiar, rare or strange symptom that is not related to the problem (e.g headache relieved by urination).

In homoeopathy, selection of remedy is based on precise details of various symptoms from which you suffer. To tell or write to a homoeopathic physician "I have a headache ", " an eruption ", " a cough", would not be enough. If you inform him "I have headache with sharp shooting pains in the left side of the head and temple ", these pains always come on when the slightest cold air strikes the head , the pains wailing about , or when the head becomes cool ". then only you have given all the information required for making a good homoeopathic prescription. The success of the prescription depends, largely on how detailed is your description of the symptoms    
We require the following details about your symptoms.

**LOCATION :** Please give the exact location of sensation , pain or eruption. Also describe where the pain or sensation spreads.

**SENSATION :** Express the type of sensation or the pain that you get in your own words however simple or funny it may seem. You may have a sensation that a mouse is crawling or the heart was grasped by an iron hand or you may have a pain which is cutting, burning jerking , pressing . Express the sensation or pain as it feels to you.   
    
**WHAT MAKES YOU WORSE OR BETTER :** Many factors are likely to influence your trouble . Some factors may cause the trouble to increase and some factors may relieve the trouble.

**DISCHARGES :** You may have a discharge from ulcers , fistula, eruptions , the skin , lungs, eyes , nose , ears , mouth , private parts, etc. Please describe your discharge under the following aspects .

* The quantity and the time or condition under which the quantity varies i.e. when is it better or worse , increases or decreases ?
* The consistency : Is it thin or thick , stringy or clotted ?
* Is it like jelly, white of an egg, like water , sticky forming a scab etc. ?
* The odour , what does it remind you of ? Does it make the parts sore, and in what way?

**How your general health has been: Excellent / Good / fair / Poor**

**Do you wake up refreshed in the morning : Y / N**

**What is your energy level on a scale of 1-10?\_\_\_\_\_\_\_\_\_(Increasing scale where 0 means no energy)**

**Body type (circle what applies): Normal / Thin / Stocky / Overweight / Short / Average/ Tall**

**Height \_\_\_\_ ft\_\_\_\_\_in. Weight:\_\_\_\_\_\_\_\_\_lb.**

**Have you had any of these tests:**

|  |  |  |
| --- | --- | --- |
| **Test** | **When** | **Why** |
| **Chest X-ray** |  |  |
| **Kidney X-ray** |  |  |
| **GIT** |  |  |
| **Colon X-ray** |  |  |
| **Gallbladder X-ray** |  |  |
| **EKG** |  |  |
| **Tuberculosis Tests** |  |  |
| **Other tests** |  |  |

MAIN COMPLAINTS AND OTHER ASSOCIATED TROUBLES: (AND DETAILED HISTORY OF THE PRESENT ILLNESS, THE ONSET AND COURSE WITH DATES).

|  |  |  |  |
| --- | --- | --- | --- |
| Complaints | Since when | Sensation | Factors that make you worse or better |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Past illness - Previous diseases:**

**Vaccination History:**

BCG 􀂈

OPV 􀂈􀂈􀂈

DPT 􀂈􀂈􀂈

Measles 􀂈

MMR 􀂈

Booster - I 􀂈

Booster - II 􀂈

Hepatitis 􀂈􀂈􀂈

**Any Complaints after vaccinations**?

**Family Information:**

**Major diseases that your family members are suffering and cause of death:**

**Pregnancy History:**

**Any Laboratory work:**

**Milestones:**

**Dentition:**

Delayed / Normal / Early (precocity)

Difficult / No difficulty

**Other Milestone**

Sitting:

Crawling:

Walking with support:

Walking without support:

Talking :

**Appetite:**

• Good eater / Poor eater

• Eats but emaciated

• Can’t tolerate hunger

**Thirst**

• If he sees water – will ask to drink / does not react

• Ask water on himself / mother has to remind to drink

• School bottle – gets emptied / remains half / remains nil

**Cravings:**

**Aversions:**

**Constitution :**

Lean thin / Obese

Emaciation of any special parts:

**Perspiration:**

Smell:

Profuse / Scanty / Seasonal

Scalp / Wets Pillow/ Face/ Occiput / Mouth / Neck/ Palms/ Foot

**Stools:**

**Urine:**

**Sleep position:**

**Dreams:**

**Thermals :**

**Fan:** Wants In All Season / Seasonal / Does Not Want

**Covering:** Likes / Dislikes / Kicks Off

**Parts of body Cold / Hot :**

Occiput Palms Foot

**Sociability**

• Does the child make eye contact with new faces (guests)---------------

• Will he go to relatives------

• Is he comfortable, when you go to parties---------

• New situation / new places how he reacts = Comfortable / cranky

• Any new food (like ice cream) takes / refuses initially--------

• New clothes (stylish/goddy color) wears / hesitates initially--------

• Going to Nursery / Playgroup/school Goes nicely / cries-------------

• Going to relatives house agree / does not agree

• Attention – Likes / dislikes--------

• Playing with other children willingly / does not play----------

• Does the child perform in front of outsiders / guests--------

Doctor

• Greets when come in – Greets / does not greet / after persuasion------------

• Eye contact makes / does not make------------

• Replies to your question yes / no------------

• Examination – allows / does not allow / initial hesitation---------------

**Activity:**

**Mental**

• Cranky child / Cool child

**Physical**

• Runs around house – runs / not so much

• Watch TV – Sits and watches for long time / gets up frequently

**Sensitivity**

• If some tags in clothes – disturbed / no problem

• If light put on while he is sleeping – Wakes / Continue sleeping

• If some noise around while he is sleeping – Wakes / Continue sleeping

**Destructibility**

• If angry – Throws things back / Weeps

• Any new toys – will remain intact for few hrs or days / Remains intact

• Does he keeps on breaking things yes / sometimes / never

**Reaction to Reprimands**

**By Parents**

• Hits back

• Weeps

• Does not like

• Feels bad but does not express

• Threatens

• Not affected

• smiles

**Outsiders( friends, teachers, relatives)**

• Strikes back

• Weeps

• Feels bad but does not express

• Threatens

• Not affected

• smiles

**ANGER- What makes him/ her angry?**

**In Anger how does he react (Reactions):**

• If angry – Cries / sobs

• If angry – Strikes back / Weeps

• If angry – Weeps / Sulks

• If angry – Hits himself / Hits others

• Scared / Not scared

**Study:**

Studies on his own / Force to study

**School:**

Report from teacher:

• Mixes with other children / Does not

• Very restless / normal

• Very talkative / not much

**Describe the Reaction to**

Loud noise:

Strangers:

Separation from parents:

Doctors/ Hospitals:

Animals – Dogs etc:

Storms:

Darkness:

Music:

Stage:

Exam:

Outdoors( parks, theatres etc):

**WEEPING (The child weeps on)**

􀂉Touched

􀂉Reprimanded

􀂉Spoken to

􀂉All day

􀂃Does the child cry easily or not

􀂃Does the child cry loudly or quietly

􀂃When crying does he have to be consoled or he becomes ok on his own

**Time and type of cry:**

Anxious, bitter, piteous, hysterical, paroxysmal, whimpering, violent, sobbing, etc.

Few other questions:

1. Does the child apologise for his/her mistake (Does he say “sorry”) or won’t apologise
2. How does the child react when parents pay attention to other children
3. Does he/she share their things with others
4. How does the child keep his/her things in order or careless throws it around / breaks it.
5. How particular is the child about cleanliness of his/her clothes & surroundings.
6. Is the child obstinate? What if you do not fulfill his/her wish?
7. Does he/she listen to parents / follow their orders.
8. How does the child react when hugged / kissed

1. Hobbies & what games does he/she play and why?
2. What is he/she scared of? Any phobias?
3. Does he manipulate, if yes give egs
4. Is he/she revengeful, if yes give egs
5. Favorite cartoon?
6. How does he/she react when others are sad or ill or crying?
7. Any symptoms which you consider as unique about your child

**Thank you for your patience & cooperation. We wish to serve you better.**