DR. RAHUL SRIVASTAVA
HOMEOPATHY

Call: +91-8126135605

Name of the Patient :

Date :

Ref. No :

Weight (KG) :

B.P. :

Age :

Gender :

Occupation :

Postal Address

Street Address

Apt, Suite, Bldg. (optional) :

City / Postal / Zip Code :

State / Province / Region / Country :

Adhar Card No. :

Contact No. :

Chief Complaints

Since how long are you suffering from?

History of Present Complaint

Do you have any other problem apart from this suffering?

Are you taking any medicines for any sickness?

Have you recently suffered from any sickness? If yes, name the disease

What type of diseases you had suffered from in your past history?

Have you ever suffered from Jaundice/Malaria/Typhoid/Chicken pox/Measles/Mumps/etc., if yes, name the disease, at what age, how long did you suffer, what treatment was taken/what was the result of the treatment?

| Your family member …..Suffers/suffered from what type of diseases? | |
|---|---|
| Paternal grandfather | : |
| Paternal grandmother | : |
| Father | : |
| Mother | : |
| Brothers | : |
| Sisters | : |
| Paternal uncle | : |
| Paternal aunt | : |
| Maternal grandfather | : |
| Maternal uncle/aunt/ | : |
| Cousin brother/sisters | : |

| How is your appetite? | |
|---|---|
| Rich | : |
| Good | : |
| Moderate | : |

Diminished :

Less :

## What type of food do you like?

Sweet :

Salty :

Spicy :

Fast food :

## Whether you are Vegetarian or non-vegetarian?

Non-vegetarian :

Vegetarian :

## If non-vegetarian – what do you like most to take...?

Egg- boiled :

Omelet :

Pouch :

Fish :

Chicken :

Mutton :

## How is your Thirst?

Very thirsty-takes one or two glasses of water very often :

Moderate- during eating only :

Thirst less-if not taken- no problem :

Water is not much required :

## How is your Bowel?

Moves well :

Constipated :

Scanty stool :

Insufficient stool :

Unsatisfactory stool :

Ineffectual urging and straining to pass stool :

## Type of stool

Hard :

Soft :

Loose :

## Color of stool

Normal :

Yellow :

Brown :

Black :

## How is your urine

Clear :

Straw :

Pale :

Yellow :

Trouble in urine :

# For Female

## Menstruation

Regular :

Irregular :

Scanty :

Copious :

Protracted :

Please write in detail about of your menses

## How is your Perspiration

Profuse :

Moderate :

Scanty :

Offensive :

## How is your sleep

Sound :

Moderate :

Disturbed :

## How is your dream

Pleasant :

Frightful :

## Thermal-Whether you feel too

Cold :

Hot :

Very hot in summer :

Very cold in winter :

## Which weather you like most

Summer :

Winter :

Rainy :

Spring :

Autumn :

## Do you have fear of

Ghost :

Dark-in :

Height :

River :

Being alone :

| When do you get irritated? | |
|---|---|
| On Contradiction | : |
| When blamed | : |
| When someone tells a lie | : |

| How do you react in anger? | |
|---|---|
| Become abusive | : |
| Throwing things | : |
| Throwing things on persons | : |
| Breaking things | : |
| Shrieking | : |
| Trembling in hands and legs | : |
| Keeping silent | : |

I do hereby confirms that the information provided by me are correct & I also provide my consent for treatment by online medium. I am only responsible for any type of aggravation (if so any) during the period of treatment.

**Date:**
**Signature:**

# CONTACT US


## Homoeo Care Clinic

(Dr. Rahul Srivastava)

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