

COMPLETE HOMEOPATHIC QUESTIONNAIRE

NB. IT MAY BE EASIER TO WRITE ANSWERS ON SYNCRONIZED NUMBERED NEW DOCUMENT PAGES

Write your name, address and PHONE NUMBERS including EMAIL on top of the page.

Also write your DATE, PLACE & TIME OF BIRTH and what you know about the birth - traumatic or regular.

HOMEOPATHY TREATS THE WHOLE PERSON. As a general rule homeopathic medicines that are prescribed which have been 'matched' to mental/emotional state, and/or physical symptoms.

Read up a simple description of how homeopathy was discovered and developed on www.drDigby.co.za

The Body and mind are ONE INTEGRATED FIELD OF CONSCIOUSNESS. ie. the WHOLE BODY, ITS PARTS AND ORGANS ARE AN EXPRESSION OF A PERSONALITY. Mind and emotions originate and operate more within the body and its organs than the brain!!! The mind, beliefs and emotions affect the vital fluids, hormones, organs, muscles, joints and tissues of the body....

Consider examples of emotional effects on the main vital organs:- anger loss of confidence and depression are often associated with the liver; fear and victim states with kidneys and adrenals, grief or loneliness with lungs, pride issues or over-intensity with the heart etc... This is why, in addition to physical symptoms, a written summary of character and description of mental/emotional state, moods and attitudes are important.

Mind and body are like a computer system - past experiences literally 'program' mind and body, creating emotional imprints, 'reactive beliefs', negative attitudes, bodily tension and DIS-EASE.

TO SUMMARIZE – FAMILY GENETICS & PAST 'BIOGRAPHY' LINKS DIRECTLY WITH YOUR 'BIOLOGY' ...

READ THIS QUESTIONNAIRE VERY CAREFULLY.

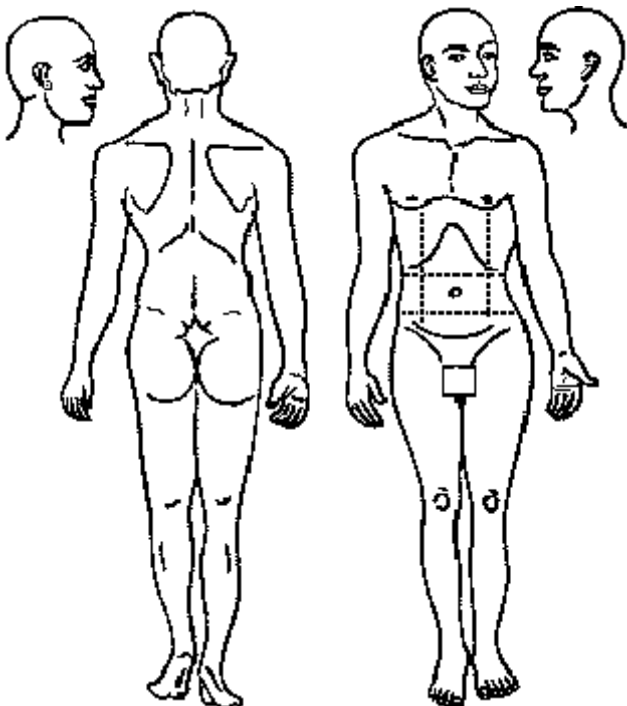
FIRST MAKE A LIST OF YOUR COMPLAINTS and describe exactly where on the body the complaint occurs, also describing the pathway that pain follows if it extends over an area of the body.

THINK THROUGH CAREFULLY FROM HEAD TO TOE, AND WRITE DOWN ALL SYMPTOMS . Start with what you think are the most important. * Include assessment of heart, lungs, circulation, digestion, bowels, bladder, mouth, eyes, nose, teeth, gums, skin, nails. (eg. mouth ulcers, herpes, warts, moles) INCLUDE ALL PROBLEMS EVEN IF THEY MAY SEEM TRIVIAL TO YOU. SMALL DETAILS OFTEN GUIDE THE HOMOEOPATH TO THE PRESCRIPTION THAT FITS YOUR SYMPTOMS PICTURE BEST.

NOW PLEASE QUALIFY EACH SYMPTOM WITH MODALITIES ie. anything that makes each of your symptoms better or worse:-

Time of day or night, Temperature, Weather - hot, cold, stormy, damp etc. Locality - seaside etc., Body position, Activity, Lying, Standing, Walking, Concentrating, Emotions, Hot or Cold Bathing, Eating, Certain foods, Alcohol, Menses, etc. etc. For example - HEADACHES Worse before menses and in mornings Better by rest or by motion.

ON THE PICTURE OF THE BODY BELOW, DRAW INDICATIVE LINES OR SHADE PARTS OF BODY AFFECTED AND WRITE ALONGSIDE OR ON A BLANK PAGE, A BRIEF DESCRIPTION OF SYMPTOMS WHERE POSSIBLE



USE THE OTHER SIDE OF THIS PAGE OR ANOTHER SHEET OF PAPER TO ANSWER FULLY. AND PLEASE NUMBER YOUR ANSWERS.

[2] Can you relate the onset of any of your symptoms to any particular circumstance?? eg. emotional upset, stress, accident, shock, illness, operation, dietary indiscretion, exposure to cold or heat, vaccination, or any other factor not mentioned. **THINK CAREFULLY ABOUT EVENTS AND FEELINGS YOU WERE HAVING FOR A PERIOD OF TIME BEFORE THE ONSET OF YOUR PROBLEMS.**

[3] PLEASE LIST ALL THE ILLNESSES YOU HAVE HAD IN THE **PAST FROM EARLY CHILDHOOD**, and include any venereal infections.

[4] List **FAMILY ILLNESSES** of your parents, grandparents (both sides), brothers and sisters, aunts and uncles. Include mention of diabetes, cancer, T.B., asthma, eczema, allergies, arthritis, sinusitis, alcoholism, suicide, or mental disease.

[5] Describe any foods that you **LIKE OR DISLIKE** particularly. (this helps the doctor understand individual body chemistry) Foods that you are **CRAVING** or disliking lately are most important. List them. eg. Do you like or dislike sweet things, fats, salt, pepper, spices, lemons, pickles, vinegar, ice cream, milk, alcohol?

[6] Describe which are your **FAVOURITE** seafood, favourite meats, including dried, cured, or smoked meats. Describe some of your favourite fruits in order of preference.
What do you like to drink? What alcohol do you drink? Are you **THIRSTY OR THIRSTLESS?**

[7] Mention **FOODS THAT UPSET YOU**, causing discomfort, headaches, heartburn, or gas . Describe

[8] Do you have **GAS, BLOATING, ABNORMAL STOOLS**, PILES, CONSTIPATION OR DIARRHOEA?
Do you experience **PAIN OR ITCHING** in rectum? How is your **URINATION** - frequency, odor, colour?

[9] What **TIME** or times (be specific) of day do you feel a low energy? When is your energy best?

[10] What **WEATHER** and temperature (external and internal) do you enjoy and what do you dislike? Is there any temperature or weather that affects you, making you feel better or worse generally, or affecting your symptoms? Do you need fresh air? Are you a window opener?

[11] Describe **ERUPTIONS** or blemishes on your body. ie veins, herpes, moles, warts, cysts, lumps, spots on nails, pimples, boils, styes, red or pale skin. Describe Hair problems. Do you have excess body hair?

[12] Describe where on your body you **SWEAT** most from exertion or otherwise. Any **MOUTH ULCERS?** Do you get **SINUS** obstruction or catarrh? Any problems with **BREATHING or HEART or CIRCULATION?**

[13] Describe any problem you may have with **MENSTRUAL CYCLE** including **MOODS** headaches, sore breasts, dragging pains, cramping pains etc. Describe where you get pain and what kind of pain. Describe blood (eg. bright or clots) **DESCRIBE YOUR MOODS** before or during menses. Eg angry, reactive, weepy, sensitive?

[14] THIS IS A VERY IMPORTANT QUESTION. **MAKE BRIEF NOTES ON YOUR STATE OF MIND AND EMOTIONS NOW. WHAT THOUGHT PATTERNS AND MOODS DO YOU NOTICE ARE OCCURRING IN RECENT TIMES.**

[15] **WHAT DO YOU NEED TO WORK ON IN YOURSELF?** Where do you feel blocked, tense or disharmonious, within yourself, or in which area of your life? Sit quietly and feel inside your body – where does it feel tense, knotted or restricted?

[16] **IN YOUR OWN WORDS describe your personality** - both positive and negative aspects. Consider your inner thoughts and attitudes as you encounter people and life situations. **USE YOUR OWN BLANK SHEET TO WRITE ON..**

IF YOU CAN'T GET GOING, THINK OF THOSE THINGS IN YOUR CHARACTER YOU WOULD LIKE TO IMPROVE ON OR CHANGE. NOW THINK OF WHAT THOSE WHO ARE CLOSE TO YOU MAY SAY ABOUT YOU. Some examples of character follow, but do not go through them until after you have made an attempt to reflect on yourself and describe yourself without any further ideas or prompts. **TRY TO WRITE SPONTANEOUSLY FIRST.**

Consider what are your positive and negative ways of relating with others – eg. Pleasing others, or not caring what they think. Hard or soft, domineering or too yielding, controlling or controlled, critical and judgmental, reserved, secretive? Are you unkind in any way or kind and compassionate?

[17] **DESCRIBE ANY PROBLEMS WITH YOUR INTELLECTUAL ABILITY, MEMORY, & CONCENTRATION**

[18] Write down any **FEARS or WORRIES** that you have, including *worries about others, shyness, fear of certain animals, reptiles, snakes, sharks, crocodiles, frogs, spiders, moths, bees, situations, heights, closed places, crowds, dark, water, failure, poverty, being buried alive, confrontations, violence, rape, germs, diseases - name them, growing old, being an invalid, being rejected, loneliness or being alone, public appearance or speeches,*

thunderstorms, injections, doctors, opens spaces, birds etc. You may have fears that are not on this list. SCORE ALONGSIDE EACH ONE OF YOUR FEARS. (1= slight fear, 2=marked fear, 3=very pronounced fear)

[19] **WRITE DOWN ANY DREAMS YOU CAN REMEMBER.** They may be past or repeated dreams that you had at any stage - even during childhood. Recent dreams may also be a source of information about your recent attitudes and anxieties or desires.

**THANK YOU FOR YOUR TRUST & PATIENCE.
ALL THE INFORMATION YOU SHARE IS STRICTLY CONFIDENTIAL.**

APPENDIX FOR ALL QUESTIONNAIRES to be printed and kept by patient

HOW TO STORE AND TAKE HOMEOPATHIC MEDICINES

Please Print these instructions out with your questionnaire and keep them so that once you are given homeopathic medicines you clearly understand how to keep them and how to take them.

Storage

Keep the medicines out of direct sunlight and in a cool place.

Do not put them near mobile phones or computers

Avoid exposing them to Xrays if possible – most airport staff will allow you to pass the medicines in a packet to them before putting your bags through the Xray machine. If they don't co-operate then don't worry – we think it is best to avoid Xrays but damage to these very subtle medicines by Xray has not been proven.

Taking the medicines

Medicines are best taken away from food. Wait at least 10 minutes after sucking or chewing the pillules before you eat or drink or smoke.

Pillules are to be sucked or chewed

Drops are to be counted into a quarter glass of water and drunk, holding in mouth for a few seconds.

They may also be squirted under the tongue.

Powders are to be sucked

If instructions are to take pillules morning and evening then it is best to take them **ON WAKING** in the morning, and **BEFORE DINNER** in the evening.

Repetition of dosage.

Your homeopath will instruct you on how long to continue taking the medicines.

Generally once all symptoms are better then the medicine may be stopped and resumed if symptoms return.

However you may be asked to finish all the contents of the bottle and then wait for your next appointment for re-assessment.