

# GUPTA HOMOEOPATHIC CLINIC

## Homeopathic Case Recording Format

Please fill this form clearly and attach previous prescriptions, investigation reports and photos if relevant.

### 1. Patient Information

Patient Name: _____	Date: ____ / ____ / ____
Age: _____ Gender: _____ Marital Status: _____	Occupation: _____
Mobile/WhatsApp: _____	Email: _____
Address: _____ _____	City: _____
Height: _____ Weight: _____	Blood Group: _____
Emergency Contact Name/Number: _____	

### 2. Main Complaint / Present Illness

Write your chief complaint in your own words. Mention location, sensation/type of pain, duration, frequency, severity, what increases/decreases it, and associated symptoms.

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Since when did it start?	_____
How did it start? Sudden/gradual/after event?	_____
What makes it worse?	_____
What gives relief?	_____
Any triggering cause - grief, stress, injury, infection, weather, food, etc.	_____

### 3. Past History

Mention previous major illnesses, operations, accidents, hospital admission, allergies, recurrent infections, vaccination reaction, etc.

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#### 4. Current Treatment / Medicines

Medicine Name	Dose	Since when	Benefit/Side effect

## 5. Personal History & Generals

Appetite:	Thirst:	Food cravings:	Food aversions:
Bowel habits:	Urine:	Sweat:	Thermal state: Hot/Chilly:
Sleep time:	Sleep quality:	Dreams:	Position during sleep:
Energy level:	Exercise:	Addictions:	Any allergy/intolerance:

Food & Modalities

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## 6. Mental / Emotional State

Describe nature, temperament, fears, anxiety, anger, sadness, memory, concentration, confidence, stress, relationships, major life events.

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## 7. Female / Hormonal History (if applicable)

Menstrual cycle:	Flow:	Pain:	LMP:
Pregnancy history:	PCOS/Fibroid/Leucorrhea:	Menopause:	Other:

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## 8. Child Case Details (if patient is a child)

Pregnancy and birth history, milestones, feeding, vaccination, behavior, school performance, recurrent illnesses.

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## 9. Family History

Tick/mention diseases in family: diabetes, hypertension, thyroid, asthma, allergy, TB, cancer, skin disease, mental illness, kidney stones, piles, etc.

## 10. Investigations / Reports Attached

<input type="checkbox"/> Blood test	<input type="checkbox"/> Urine test	<input type="checkbox"/> USG	<input type="checkbox"/> X-ray
<input type="checkbox"/> CT/MRI	<input type="checkbox"/> Skin photo	<input type="checkbox"/> Previous prescription	<input type="checkbox"/> Other

## 11. Cured / Improved Case Follow-up Notes (For Clinic Use)

Date	Symptoms change	Medicine/Advice	Next follow-up

## 12. Consent & Declaration

I confirm that the information given above is true to the best of my knowledge. I understand that homeopathic consultation does not replace emergency medical care. In emergency conditions, I will contact emergency/nearby hospital services immediately.

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Instructions for Patient

1. Download and print this form. 2. Fill clearly with pen. 3. Scan or take clear photos of all pages. 4. Upload the filled PDF/photos in the contact form. 5. Attach investigation reports if available.