

Integrative Holistic Remedies Case Taking Form

Name: _____ Age _____ Sex _____

Occupation: _____

Education: _____

Vegetarian/Non Vegetarian/Egg. Vegetarian: _____

Single/Married/Divorced/Widow: _____

Chief Complaints: _____

Main complaints with their detail history and association with the recent troubles along with others like:

Past Health History _____

Family History: _____

Data of Personal Habits:

Personal Habits/ How much				
Smoking	Alcohol	Chewing tobacco	Tea	Any Other

THIRST AND APPETITE: _____

SWEAT WHEN AND WHERE: _____

MENSES: _____

Problems with Teeth: Regular teeth pain, cavities and plaque Formation

LIKES AND DISLIKES: Tick Like for L, Dislike for D

Bitter, Salt extra, Sweet, Sour, Fats, Milk, Coffee, Eggs, Spicy Food,

Meat, Fish, Warm/Food/drink, Cold/Food/drink, fruits.

Modalities: Tick Worst for W, Better for B

Warmth, Motion, Morning, Hot weather, Touch, Sitting, Moving,

Lying flat, Left side, Right side, Rainy weather, Cold weather, Hot weather.

STOOL: Color, Constipation or none

URINE: Normal, Mucus, Frequent, difficulty in Urination.

Dreams, about Ghosts, being kidnapped, are being becoming poor, or any other type.

Sleep Pattern: _____

Food Pattern: _____

Water drinking Pattern: _____

Which weather you like cold, hot or damp?

Do you get angry very soon?

Do you get irritated?

Do you take responsibility?

Do you grasp quickly?

Which subject you like in high school?

Do you like to make friends easily?

You are miser or spendthrift?

Do you hate and Jealousy on others success?

Do you spread gloom and negativism?

Do you make determined decisions?

Are you always undecidedly?

Do you over value what you are doing favouring others?

Do you talk rapidly and incorrectly?

Do you get fatigued even without physical war?

Fear of accidents, Illness, Losing Job?

Do you get extreme fright?

Fear of excessive concerned and lover for own people.