

DR.MUNJAL THAKAR'S CLINIC

Classical Homeopath

PRELIMINARY QUESTIONNAIRE

You are requested to fill in this Preliminary Questionnaire, so that the doctor is oriented to your problem(s) before the detailed case-taking.

[PLEASE FILL IN THE ANSWERS IN THE SPACE BELOW, IF NEED BE YOU MAY ATTACH EXTRA SHEETS.]

- Name: _____

- Age: _____ Gender: Male/ Female

- Education: _____

- Occupation: _____ Designation: _____

- Residential Address: _____

- Office Address: _____

- Phone: _____ Mobile: _____ Email: _____

1. Describe the problems you feel that need to be treated in details. (Note: Try to narrate your suffering & complaints rather than just writing down the names of the diseases)?

a)

b)

c)

d)

2. What are the other problems that you have, other than those mentioned above?

a.

b.

c.

3. Which out of all the above problems (listed in 1&2) is troubling you the most?

4. How does this problem affect/interfere in your life?

5. Tell us your daily routine?

6. What is the nature of your work?

7. Tell us about your family background? Who are the people staying with you?

8. What are the present tensions/stresses in your life?
9. What have been the most stressful times you have had in your life?
10. What are the happiest moments of your life?
11. What are your hobbies, interests?
12. What are the illnesses you have suffered in the past?
 - a. In the last 1 year:
 - b. In the last 5 years:
 - c. In the last 10 years:
13. Are you presently taking any medications? Please give details
(Please bring reports and files for your next appointment.)