**HOMEOPATHIC QUESTIONNAIRE**

**Patient Name:**

**Date of Birth:**

1. What exactly happens?
2. Describe all sensations and pains. Each pain or sensation should be described in such a way that allows us to imagine having the same pain.
3. What causes the problem to get worse after it has started occurring?
4. What creates some relief for the problem?
5. What triggers the problem into occurring?
6. What time of the day or night does the problem occur?
7. When did the problem start? What was happening in your life at that time? Did some specific event or treatment take place just before the problem started?
8. What other symptoms appear with this problem?

**Move from one problem to the next, and answer the above questions for each problem. It is vital that you give a complete picture of your health by providing all problems you have, even if not connected to the main one, and even if you consider it of less importance.**

* As well as this, please describe any traumatic incidents that have taken place in your life. Discuss anything that has had a lasting impact on you mentally, emotionally or physically.
* Discuss the way that you manage or deal with your problems, or any problems that occur in your life.
* Discuss any patterns you have noticed in your behavior.
* Discuss any part of your life where you feel stuck or unable to change and grow.
* Describe your childhood and the kind of environment you grew up in, regarding your relationships with your family, your school experiences, and any serious childhood diseases.
* If your earlier discussions have not mentioned these already, please describe:
	1. The specific foods that you crave (not just like) or hate
	2. The specific drinks that you crave or hate
	3. What your sleep is like
	4. How the weather and the temperature affects you
	5. What kinds of things in the environment you are particularly sensitive to
	6. What your general level of energy is like
	7. What your level of sexual energy or desire is like