

Date: Text

Patient name: _____

To enable us to find a suitable homeopathic remedy, we need you to *precisely record here all changes in how you feel* which have arisen during the *current illness*. To do this:

1) Below, write the main symptoms you have noticed with your illness:

MAIN SYMPTOMS

(for example: stinging pain when swallowing, dry mouth, thirst)

2) Underline below whatever applies to you during your illness.
For example: if it gets worse when you perspire, mark: during / after perspiration better / worse

OPEN AIR, WEATHER, TEMPERATURE, WRAPPING UP

- open air:

better / worse
- open air:

desire for / aversion to
- cold weather

better / worse
- wet weather:

better / worse
- dry weather:

better / worse
- cold in general:

better / worse
- warmth in general:

better / worse
- when getting cold:

better / worse
- wrapping up warmly:

better / worse
- uncovering:

better / worse
- warm room:

better / worse
- during / after perspiration:

better / worse
- wet compress on body:

better / worse

POSITION

- lying position:

better / worse
- lying on painful side:

better / worse
- sitting:

better / worse
- sitting bent over:

better / worse
- standing:

better / worse
- bending over:

better / worse
- muscles:

flabby / tense

MOVEMENT, EXERCISE, REST

- movement:

desire for / aversion to
- movement:

better / worse
- walking:

better / worse
- stepping hard:

better / worse
- physical exercise:

better / worse
- mental effort:

better / worse
- resting:

better / worse

EATING, DRINKING, TALKING

- swallowing:

better / worse
- during / after eating:

better / worse
- cold food and drink:

better / worse
- after drinking:

better / worse
- cold water:

better / worse
- thirst:

thirsty / absence of thirst
- appetite:

hunger / loss of appetite
- saliva:

more / less
- talking:

better / worse

SLEEP

- after lying down:

better / worse
- while falling asleep:

better / worse
- during sleep:

better / worse
- while waking up:

better / worse
- while / after getting up:

better / worse

SIDE

- side in general:

left / right
- inside of head:

left / right
- outside of head:

left / right
- face:

left / right
- eye:

left / right
- nose:

left / right
- ear:

left / right
- mouth:

left / right
- teeth:

left / right
- neck:

left / right

SIGHT

- light (bright):

better / worse
- darkness:

better / worse
- closing eyes:

better / worse
- pupils:

dilated / contracted
- reading:

better | worse
- looking at something close-up:

better / worse

SIDE

- side in general:

left / right
- inside of head:

left / right
- outside of head:

left / right
- face:

left / right
- eye:

left / right
- nose:

left / right
- ear:

left / right
- mouth:

left / right
- teeth:

left / right
- neck:

left / right

SENSATION

- touch:

better / worse
- external pressure:

better / worse
- rubbing:

better / worse
- sneezing:

better / worse
- smell:

lost / weak / diminished hypersensitive

STATE OF MIND

- irritable / mild
- sad / happy
- being alone:

better / worse