

Date: _____ 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: knee pain on right after exercise, swelling, sensitive to cold)

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 |
| • becoming warm in bed: | better / worse |
| • during / after perspiration: | better / worse |
| • wet compress on body: | better / worse |

POSITION

- | | |
|-------------------------------|----------------|
| • lying position: | better / worse |
| • lying on back: | better / worse |
| • lying on side: | better / worse |
| • lying on painful side: | better / worse |
| • change of position: | better / worse |
| • sitting: | better / worse |
| • sitting bent over: | better / worse |
| • standing: | better / worse |
| • letting limbs hang down: | better / worse |
| • resting limbs on something: | better / worse |
| • leaning against something: | better / worse |
| • muscles: | flabby / tense |

MOVEMENT, EXERCISE, REST

- | | |
|---------------------------------------|--------------------------|
| • movement: | better / worse |
| • movement: | desire for / aversion to |
| • continued movement: | better / worse |
| • movement of affected parts: | better / worse |
| • bending or turning affected parts: | better / worse |
| • raising affected limb: | better / worse |
| • bending affected limb: | better / worse |
| • stretching affected limb: | better / worse |
| • walking: | better / worse |
| • walking in open air: | better / worse |
| • running (jogging): | better / worse |
| • stepping hard: | better / worse |
| • physical exercise: | better / worse |
| • walking up (stairs, hill etc): | better / worse |
| • walking down (stairs, hill etc): | better / worse |
| • resting: | better / worse |
| • bending over: | better / worse |
| • sitting up / straightening up: | better / worse |
| • sitting down: | better / worse |
| • while / after getting up from seat: | 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 |
| • neck: | left / right |
| • back: | left / right |
| • arm: | left / right |
| • groin (thigh crease): | left / right |
| • leg: | left / right |

SENSATION

- | | |
|----------------------|----------------|
| • touch: | better / worse |
| • external pressure: | better / worse |
| • rubbing: | better / worse |
| • sneezing: | better / worse |

STATE OF MIND

- | | |
|--------------------|----------------|
| • irritable / mild | |
| • sad / happy | |
| • being alone: | better / worse |