
Chronic Intake QUESTIONNAIRE

*This form may be used by both adults, children and pets. Please be thorough in your answers. ALL questions are valuable, and the details will help point to the **best remedy!***

If for a pet: name of owner, phone, email and address is needed, pet name and age

Date:

Name:

Mailing address:

Email(s):

Cell Phone:

Date of birth:

Blood Type (if known):

Age:

Height:

Weight:

Pet (type):

Sex:

Referred by:

The following aspects of the client's health need to be covered:

Please answer all questions as fully as possible – even minor characteristics or symptoms can be significant to the choice of remedy. Please keep conventional descriptions to a MINIMUM.

MAIN COMPLAINT

General description of complaint - How the problem is presented on a day-to-day basis - What modifies* the complaint

* = factors that may change the presentation of the complaint (make it better or worse - even if for a short time) – **anything** that is noticeable and has been seen as a repeating pattern – [factors do not include drugs](#)

Please indicate the main reason for seeking chronic help (overview of complaint):

OTHER COMPLAINTS

Please indicate other reasons for seeking chronic help, if any (overview of complaints):

CURRENT TREATMENT

Name any drugs currently taken (prescription or recreational) and other treatments tried for this complaint – *brief description only*:

PHYSICAL OVERVIEW – please answer if any of the following problems exist – give some information about the problem especially modifying factors as above

If the physical problem has ceased, please include when it occurred and what made it improve – e.g. change of diet, change of habits, change of living arrangement, just went, drugs, operation etc.

Note – all discharges to be described with their color and texture – e.g. clear, yellow, green, bloody, thick, thin, runny, gluey, etc.

- Hair – falling out, very dry, very oily, rapid change of color etc.

- Scalp – eruptions, itch etc.

- Headaches – patterns and modifying factors
- Eyes – allergies, watery, itching, sties, inflammation, discharges
- Vision – spots, colors, flashes, short/long sighted etc.
- Ears – inflammation, discharges, pain, eruptions
- Hearing – loss of, noises (include what the noise sounds like)
- Nose – obstructed, running, discharge, side, growths, blood noses etc.
- Mouth – ulcers, cold sores, eruptions, salivation, dryness, taste (sweet, sour, salty, putrid, metallic etc.)
- Tongue – unusual color, cracks, marks
- Teeth – excessive decay, breaking/crumbling, abscesses, discoloration, pain
- Braces – what was wrong with teeth before braces – crooked, overbite, front two protruding, gaps etc. **(This is important for the facial analysis – if you have a photo of the teeth before the braces please include)**

- Throat – sore, inflammation, tonsillitis, itchy, dry, discharge etc.
- Larynx – loss of voice
- Speech – stuttering, loud voice, quiet voice, can't remember words, switches words or letters etc.
- Breathing – difficult, ascending, descending, on exertion, asthmatic – type etc.
- Lungs – inflammation, bronchitis, pneumonia, pleurisy, congestion, coughing etc.
- Stomach – pains, relationship to eating/drinking etc.
- Digestion – heartburn, pain, reflux, bloating, distension, flatulence, burping

APPETITE – food cravings, food dislikes, food that makes you sick:

Any other food interactions that you feel are important – please add here...

GENERALS

- Bowels – constipation, diarrhea, loose stools, color, shape, odor (where distinctive), blood, undigested, pain, hemorrhoids, frequency, urgency

- Urination – pain, frequency, profuse, scanty, blood

- Period / Ovulation
 - Age of onset:
 - Any issues associated with either of these (briefly explain):
 - Period –

 - Ovulation -

- Female – libido issues, discharge, warts, cysts, fibroids

- Pregnancy – how many, problems, sterility, abortions, miscarriages – time etc.

- Male – libido issues, prostate

- Limbs – pain, cramps, joint problems, numbness, tingling

- Back – pain, sciatica, numbness, tingling

- Hands/feet – cold, hot, sweat, odor

- Skin – dry, oily, eruptions (where), warts, moles, cracks
 - Nails – unusual color, thickness, breaking, etc.
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SLEEP

General description of sleep – including difficulty in getting to sleep, frequent waking, times of waking if there is a pattern, favorite sleep position, hot/cold in bed, sweating, restless, waking un-refreshed, talking in sleep, etc.

RELATIONSHIP WITH WEATHER/SEASONS

Love/hate: Winter, summer, autumn, spring, hot, cold, windy, rainy, thunder/lightening, direct sun, dry, humid...

BODY THERMALS

Chilly, hot, changeable

PERSPIRATION

Never, light, profuse, hot, cold, when, where

FEARS

Animals – snakes, spiders, dogs etc., heights, strangers, robbers, death, closed spaces, exams, public speaking, driving, **anything no matter how unusual**
Give a description of how intense fear is and what happens to you

STRESS

How do you behave when under stress? What are your less attractive behaviors? What complaint do others have about you?

PASSIONS

What are you most passionate about? **Brief** description of you and your passion(s).

FAMILY HISTORY

Include main illness or weakness – if currently alive or illness at death and age of death

- Mother
 - Father
 - Maternal Grandmother
 - Maternal Grandfather
 - Paternal Grandmother
 - Paternal Grandfather
-

CHILDREN ONLY

Parent, please give the following information

- Labor – anything unusual

- Infancy – feeding, sleeping, illnesses (not already mentioned in physical overview), reactions to vaccines

- Development – sitting, crawling, walking, talking, teething – normal, late or early – describe in detail if out of normal range

CHILDREN – CHARACTER

How does your child behave when stressed – fights, loud, quiet, shy, timid, hides, hits, throws, jealousy, remorse etc. - ***Interaction with friends, family (especially siblings) and at school, Passions, Unusual or distinguishing behaviors***

PREVIOUS REMEDIES GIVEN

Please mention names of previous remedies given (with potency where known) and which ones had a POSITIVE result...