

HOMEOPATHIC INTAKE FORM

The following general symptoms pertain to you as a whole person. Please circle the appropriate answer.

Which weather conditions are you most troubled by?

Cloudy	Clear
Wet	Dry
Damp cold	Snow (Dry Cold)
Storms	Wind
Fog	Hot Sun

Are you worse being in the:

Mountains At the seashore Neither

Are you generally sensitive to and/or troubled by:

Bright Light	Darkness
Open Air	Stuffy Rooms
Tight Clothing	Noise
Odors	Drafts

Are you generally chilly or warm?

Chilly Warm

Which are you generally most sensitive to, warm or cold?

Cold Warm

Circle what you prefer. Do you sleep....

Without Covers
Partly Covered
Fully Covered (Not including Head)
Fully Covered (Including Head)
With Arms or Legs Out of the Covers
With a Fan or Air Blowing on You
With the Window open

What position do you sleep in most often?

Right Side	On Back
Left Side	On Abdomen

How much do you perspire?

Never Sometimes All the Time

Food Desires and Aversions:

In the following questions you are asked how much you desire or dislike to a particular food or taste. Please answer from the point of view of your natural desires, assuming all food is good for you and not based on your knowledge of nutrition.

If you strongly desire or crave a food or taste, please circle it.

If you detest a food or taste please cross it out.

Tastes:

Sweet	Sour
Salty	Bitter
Spicy (hot)	Smoked
Juicy	Refreshing
Pungent	

How thirsty are you generally?

Not at all Very

If thirsty, for what temperature drinks?

Room temp Hot Warm Cold Ice cold

Circle those below that you strongly associate with yourself.

Stingy	Overly generous
Thrifty	Extravagant
Hurried, impatient	Slow
Messy	Fastidious
Calm	Restlessness
Indolence (Lazy)	Always busy
Shy/Timid/Bashful	Outgoing
Anger	Mildness
Lack of moral sense	Guilty
Not Religious	Highly Religious
Obstinate (stubborn)	Yielding
Heedless/Reckless	Cowardice
Aversion to company	Desire for company
Gullible	Suspicious

How do you experience sympathy or consolation?

Like Dislike
Better from sympathy Worse from sympathy

How talkative are you in general?

Aversion to talking Talkative

How often and easily do you weep?

Never Often

How is your level of self-confidence?

Lack of confidence Pride/Haughty

Are you afraid of any of the following?

(1 – not afraid of, 10 – extremely afraid of)

Being alone

Death

Relative's Death

Ghosts

Heights

A crowd

Robbers

Snakes

Spiders

The Dark

Thunderstorm

Water

Wind

Something will happen

Do you often make mistakes with the following?

Numbers Words (reading)
Words (speaking) Words (writing)

Are you sensitive to any of the following?

(1 – not sensitive to, 10 – extremely sensitive to)

Beauty

Criticism

Cruel Stories

Frightening things

Being made fun of

Music

Reprimand

Rudeness

The suffering of others

For the following questions please circle your response to the following questions. if neither answer fits put a line through the question.

How do you handle conflict usually?

Quarrelsome Yielding

How are you in regard to authority?

Bossy/Dictatorial Yielding/Fawning

How critical are you of others?

Not at All All the Time

How critical are you of yourself?

Not at All All the Time

How often do you reproach (find fault, scold, or blame) others?

Not at All All the Time

How often do you reproach yourself?

Not at All All the Time