**Instructions for New Patients:**

**Please provide as much information as you can, we will discuss this further during your consultation.**

In order to develop an accurate picture of your circumstances and to make our time spent in

consultation most effective, I request that you consider the following advice on how to most effectively report your symptoms in a homeopathic case taking.

1. Describe in detail, the onset of your symptoms. Outline any related mental, emotional or physical symptoms and/or any external conditions that may have contributed to your present state.

2. Outline all previous illnesses. Include any childhood diseases and if applicable, any lasting effects from these ailments. Were there any extensive therapies used in the healing of these conditions? Did you have any reactions or long-term side effects to any such therapies?

3. Describe the location of the symptom in the body. Does it shift from one place to another? Is it related to symptoms elsewhere in the body? Are there particular sensations associated with it? How does it feel/look/smell/taste? What makes the symptom unique, striking or unusual? If pain is involved, describe if it is a dull ache or a sharp pain, is it constant or periodic? How intense is it?

4. Write down when your symptoms feel better or worse. Consider: the time of day, with heat or cold applications, the season, before or after eating, when moving or resting, in what body position or even during any specific mental/emotional stress.

5. Are you affected in any way by different kinds of weather? Consider: dryness, humidity, storms, frost, cloudiness, sun exposure, low or high altitudes or being at/away from the seashore.

6. Urination: note the colour, odour, sediment, quantity, frequency, urgency and painfulness.

7. Stool: note the colour, odour, frequency, consistency, size and shape, pain or difficulty to

eliminate, ineffective urging, blood, mucous or undigested foods.

8. Menses: length of cycle, length of flow, painfulness, clotting, heavy or light, colour, PMS, mood changes, bloating, swollen or tender breasts, cravings, any other discharge when not menstruating?

9. Libido: level of desire/aversion, painful intercourse, vaginal dryness, erectile dysfunction.

10. Perspiration: profuse or scanty, odour, when at rest or when nervous?

11. Body Temperature: are you mostly warm or cold? Are there hot flashes? What about your hands and feet?

12. Sleep: Position. Do you wake at night (when, why, do you fall back to sleep right away)? Do you feel rested in the morning? How much bedclothes do you sleep with? Which parts do you keep covered or exposed? Do you have recurring dreams or night-terrors?

13. What motivates you in life? Are there lasting traits from childhood that are still an issue today? Are there running themes in your life? For example “all my life I’ve been...”. How would others describe you? How do you deal with change in your life? Do you need structure in your life?