Polina Karmazin M.D. LLC

Holistic Pain Management and Integrative Medicine

Homeopathic Questionnaire

Please Print Clearly

Name: _____ Date: _____ Referred By: _____

Address:_____ Phone: _____ (Day) Marital Status: _____

_____ Phone: _____ (Evening)

DOB: _____ Age: _____ Height: _____ Weight: _____

Reason for Visit:

1. What is your Chief Complaint (CC):

2. When did this problem begin? What happened in your life around that time? What do you think caused it?

3. What aggravates the CC (e.g. certain types of foods, weather, movement, light, noise, heat, cold, etc.)? Be specific.

4. At what time of the day or night is the CC the worst? Specify the hour if you can.

5. What symptoms can you identify that accompany the CC?

General Questions: (Please answer those that apply to you.)

Weather and Environment

6. In which season does the weather bother you the most?

7. How do you react to cold, hot, wet, dry, or windy weather? Please mention all types of weather that affect you, and how.

8. How does a change of weather affect you?

9. How do you feel in bright sunlight?

10. Do you have any special reactions before, during, or after a storm? Please specify.

11. How do you react to drafts of air (e.g. open window, having a fan on you, etc.)? Do you like to sleep with the window open even if it is cold out?

12. What about warmth in general (e.g. warmth in bed, of the room, of the heater or stove, etc.)?

13. How do you react to sudden changes in temperature (e.g. going from a cold environment to a hot room or vice versa)?

14. How do you feel at the seashore, or on high mountains?

15. What positions do you dislike the most: sitting, standing, or lying?

16. Do you perspire a great deal? If so, when and where on the body (e.g. feet, head, hair, armpits, etc.)? Does the perspiration occur on covered or uncovered parts of the body?

17. What time of day tends to be downtime for you?

Mental/Emotional

18. What do you worry about? How do you deal with worries?

19. Do you tend to be neater and more fastidious than those around you, or more casual?

20. Do you cry easily? In what situations?

21. When you are upset, do you tend to tell a lot of people or keep it to yourself?

22. On what occasions do you feel despair?

23. In what circumstances do you feel jealous?

24. When and on what occasions do you feel frightened or anxious? Any fears (e.g. darkness, being alone, in crowds, altitude, flying, elevators, etc.)?

25. What are the greatest losses that you have gone through in your life? How did you react?

26. What are the greatest joys that you have had in your life?

27. In what situations do you feel bliss, depressed, sad, or pessimistic?

28. What bothers you the most in other people? How, if at all, do you express it?

29. Do you have a lack of self-confidence and a poor sense of self-worth?

30. Do you have any reoccurring dreams? What is the theme?

31. What would you need to feel happy?

32. What do you do for work? Ideally, what would you like to do?

33. If you had an unexpected week's vacation from work and $1,000, what would you do?

34. How do other people view you?

35. What would you like to change most about yourself?

Food

36. How do you feel before, during, and after meals? How do you feel if you skip a meal?

37. If you did not have to consider calories, fat, or anything you've read about the right way to eat, what would you most like to eat?

38. What foods do you dislike and refuse to eat? What foods do you react badly to, and in what way?

39. How much do you drink in a day? Include water, sodas, juice, coffee, tea, milk, and alcoholic beverages. How thirsty do you tend to get?

Sleep

40. During what hours do you sleep? Do you tend to wake up at a particular time? Why? What makes you restless or sleepy?

41. Do you do anything during sleep (e.g. speak, laugh, shriek, toss about, grind your teeth, snore, etc.)?

42. How do you feel in the morning?

Women

43. How many pregnancies:_____Children:_____Miscariagges:_____Abortions:_____

44. At what age did your menses begin? _____If you have gone through menopause, at what age? ____

45. How often do they (or did they) come?

46. What about their duration, abundance, color, time of day when flow is greatest; any odor or clots?

47. How do you (did you) feel before, during, and after menses?

48. Do you use any contraceptives? If so, which?

Health History

49. What medications are you currently taking?

50. How frequently do you get colds and flus?

51. Have you had any childhood illnesses twice, or in a very severe form, or after puberty?

52. Have you recently received any vaccinations? Have you ever had an adverse or unusual reaction to a vaccination?

53. Have you had any surgeries? If so, what and when?

54. Have you had any of the following? Please fill out any that apply.

    a. Warts: Where? _____ When? _____ How treated? _____

    b. Cysts: Where? _____ When? _____ How treated? _____

    c. Polyps: Where? _____ When? _____ How treated? _____

    d. Tumors Where? _____ When? _____ How treated? _____

55. Do you tend to have any discharges (e.g. nasal, vaginal, etc.)? What is the color and consistency?

56. Do you use any drugs recreationally? If so, which, and how often? (This includes cigarette smoking and alcohol.

Sensitivity:

57. Do you tend to need a smaller dose of medication then most other people?

58. Do you need less anesthesia than others, or have a hard time coming out of it?

59. Do you tend to react to vitamins and herbs and/or need hypo allergic vitamins?

60. Are you sensitive to paint fumes, exhaust, dry cleaning fluid, fragrances, etc.?

Further General Questions

61. Family History: Mention diseases, causes and ages of any deaths of father, mother, sisters, brothers, and grandparents on both sides.

62. Construct a timeline: Mention from birth on to present day, all important events (emotional and physical traumas, heartbreaks, work-related events, diseases or traumas your mother had while being pregnant with you, family stress, death in the family or friends, disappointments, etc). What do you think is the most outstanding mental/emotional conflict that could affect your state of health, if there is one and why. Mention the symptoms experienced at those moments which you can date to those traumas. Please write as least one page outlining major events of your life.

63. What else would you like to tell me about your condition?