

Dr. Smita's Peachtree Homeopathy

CASE RECORD

Name : **abhi**

Case Id : **30777**

Date : **04 Sep 2024**

Time : **06:32 PM**

Age : **24**

Sex : **Male**

Marital Status : **Single**

Email : **abhi@gmail.com**

Mobile : **7776830777**

Profession : **servicce**

Address : **akola**

How did you come to know about Dr.Smita's Homeopathy Clinic? : **Advertisement**

Friend/Family member (Give name) :

Doctor's referral -**No** If yes give name of the doctor :

Chief Complaint :

Associated Complaints :

Diagnosis :

Past History of any major illness/ Surgery :

Family History of any major illness :

Personal Habits :

Appetite : when do you feel most hungry? Any symptoms if you remain hungry for long or if you overeat? Any problems / relief after eating? Problem of gases, eructations? :

Thirst for water : how many glasses do you drink? Do you prefer hot or cold or very cold water? Do you drink small or large quantity at a time? :

Likes and dislikes in food : (please refer to the chart and specify about each item, your liking(*) intense liking(**) & disliking put (x) if you have intense liking. Mention if you are allergic to any food)- any other besides these mentioned here?

Sweet : **	Salty / Salt : *	Sour : *	Spicy : *
Bitter : *	Fats, fried food : *	Raw salads : *	Vegetables : *
Bread : *	Butter : *	Snacks : *	Cheese : *
Eggs : *	Meat : *	Fish : *	Onions / garlic : *
Cold food or drinks : *	Warm food and drinks : *	Juices : *	Milk : *
Chocolates : *	Fruits : *	Ice cream /ice : *	Alcohol and smoking : *
Mud, Chalk, Paper : *	Tobacco / Pan : *	Specify any other :	

Sweating : - How much do you sweat ? Which part of the body ? Part is cold or hot to touch? (head, palms and soles etc.....) does it have odour /stain ? Do you sweat at any particular time- sleeping, eating, before interview or Anger etc. :

Urine : - any problem in urination before, during or after urination?(burning , pain, straining, incomplete feeling, bleeding, involuntary urination...etc.) any smell or colour to the urine? If the urination is not satisfactory, do any other physical complain increase? :

Stool : - do you pass stools daily? Any problems like hard stools, straining, incomplete sensation, pain, mucus, blood, worms? Fissure/ piles/ gases/ alternate diarrhea and constipation? :

Sleep : - do you get sound sleep? Is it refreshing? In what position do you sleep? Any complaints like startling/ talking /walking / salivation / snoring/ teeth grinding/ sweating/etc. :

Please mention or mark (*), if you get any of these dreams :

Dog	Cat	Snack	X	Ghosts	Devils	Thieves	X
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Journey	Horse	Flying	Swimming	Drowning	X	Horse riding	Trees	Flower	Water	Snow	
Death	Dead bodies	Body Parts	Suicide	X		Accidents	Falling	Shooting	War	Injuries	
Fire	Thunder	Storm	Rains	Lightnings	X	Vomiting	Urination	Stools	Bleeding	X	
Pain	Disease	Handicap	Mutilations	X		Sadness	Quarrels	Jealousy	Insult	X	
Money	Business	Days work	Forgotten work	X		Romance	Sexual intercourse	Rape	Nudity	X	
Hunger	Thirst	Eating	Drinking	X		Talking	Singing	Dancing	Happy dreams	X	
Failure	Missing exam or train		Unprepared for exam		X	Police	Jail	Arrest	Crime	Criminals	Murder
People	Children	Marriage	Party	X		God	Praying	Religious	Temples	X	
Exercise	Exertion-mental or physical		Tiredness		X	Misfortune	Instability	Danger	Persecution-by whom?		
Happenings of the day						X					
						Future events		X			

For WOMEN :

Menstrual history : **Regular**

Cycle of how many days ? :

Duration :

Associated complains : excessive pain / heavy or less flow / clots /nausea, vomiting / fainting /weakness /headache ...etc. :

Any complaints before periods like heaviness in the breasts / white discharge/ headache /irritability/swelling on the body etc. :

Any complaints after periods? Like headaches , white discharge etc. do you feel better in other complaints after periods start? :

Any time periods have become irregular due to any reason like over exertion, getting wet in the rains/ working in water/ emotional tensions etc... :

At what age periods started and ended ? Any complaints at that time like heavy bleeding irregular bleeding ? :

Any major health problems during pregnancy ?(nausea, vomiting, high B.P., recurrent abortions, bleeding, diabetes etc.) :

Mental Symptoms :

Medicines :

05 Sep 2024

SNo.	Date	Medicine Name	Potency	Dose	Duration	Color	Other	Doctor Name
1	05 Sep 2024	astha aid drop	20 tabs	15 ml for keloid	3MNTHS	red	asasa	Admin

04 Sep 2024

SNo.	Date	Medicine Name	Potency	Dose	Duration	Color	Other	Doctor Name
1	04 Sep 2024	bcbch	gfhfhgf	hgfhg	hgffh	hfh	hffgh	Admin

Treatment :

04-09-2024- Admin
dvhasfdjfas asjdhgasjdgj vasdjgasj

04-09-2024- Admin
khhakshgagdashgdasgdjkasdkha

05-09-2024- Admin
gas gisdgi gdiyag asidgib

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