

## Instructions for Homeopathic Intake Form

Please answer the questions on the following pages as carefully, thoughtfully, and accurately as possible. Many of the questions may not seem directly related to your problem or main complaint, however, each one may help determine which homeopathic remedy is best suited for you. Feel free to write in extra clarifying information if you feel the need to better explain any answer.

### Weather

#### **Cold weather affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Rainy or humid weather affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Hot weather affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Change of weather affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Wind or thunderstorms affect me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **I can tolerate exposure to warm sun (around 85 degrees) for a duration of**

10 min. or less      10-30 min.      30-60 min.      1-2 hours      2-4 hours      4 hours or more

#### **I generally feel better in the following atmosphere/weather**

Mountains      Seashore      Dry weather      Rainy/Stormy weather      Sunny weather      Cloudy weather

#### **My symptoms get worse during the following seasons:**

No season affects my symptoms      Spring      Summer      Fall      Winter

If so, which symptoms worsen? \_\_\_\_\_

### Environment

#### **Bright light affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Warm rooms affect me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Cold open air affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

#### **Loud noise affects me negatively**

Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

**Cold drafts affect me negatively (fans, A/C, wind)**  
Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

**Strong odors affect me negatively**  
Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

**Time of Day:**

The time of day that I generally feel the **best** or the most energetic is \_\_\_\_ AM/PM until \_\_\_\_ AM/PM

The time that I generally feel the **worst** or have the lowest energy is \_\_\_\_ AM/PM until \_\_\_\_ AM/PM

**General Physical Characteristics**

**I tend to become uncomfortable faster in a room that is**  
Warmer than usual (80 degrees)      Cooler than usual (60 degrees)      (Circle the one that tends to bother you more)

**Tight clothing affects me negatively (If so, around what part of the body \_\_\_\_\_)**  
Strongly disagree      Slightly disagree      Neutral      Slightly agree      Strongly agree

**During sleep, I experience the following**  
Restlessness      Sleep walking      Teeth grinding      Uncovering      Perspiration  
Heat      Coldness      Snoring      Strange dreams      Talking in sleep  
Frequent urination      Frequent waking (at a specific hour? \_\_\_\_\_)

**My usual sleep position is**  
On back      On abdomen      On side (right or left?)      Feet/arms uncovered      Fully covered

**In general, I tend to perspire**  
Never      Only with exertion      When heated      When cold      When nervous      Easily, all the time

**The part of my body where I tend to perspire the most is \_\_\_\_\_**

**Food and Drinks**

**I crave the following flavors strongly on a daily basis (you may circle more than one)**  
Sweet      Salty      Sour      Spicy      Bitter      Smoked      Pungent

**I crave the following types of food or drinks strongly on regular basis (you may circle more than one)**

Apples      Bacon      Beer      Bread      Butter      Cake/Cookies      Cheese      Chocolate      Coffee      Eggs  
Fish      Fresh fruit      Fried food      Frozen food      Garlic      Ham      Ice      Ice cream      Indigestible  
things (clay, chalk, etc.)      Lemons/Lemonade      Liquor      Meat      Milk      Nuts/Nut butters      Onions  
Olives      Oranges      Pastries      Pickles      Potatoes      Salsa      Sausage  
Shellfish      Tea      Vegetables      Wine      Other: \_\_\_\_\_

**If all food were healthy, I would enjoy the following foods/drinks multiple times per day:**

\_\_\_\_\_

**I tend to dislike the following foods, drinks, or flavors:**

\_\_\_\_\_

**With regard to thirst, on an average temperature day without physical exertion, I feel the need to drink water or another beverage to quench my thirst**

Almost never      Several times per day      Several times per hour      Every few minutes

**I prefer my water**

Hot      Room temperature      Cold      Ice cold

**I prefer my food**

Hot      Cold      No strong preference

**Fears**

**I have a strong fear of (can circle more than one):**

Darkness	Becoming seriously ill	Knives or needles
Thunderstorms	Loved one becoming ill or injured	Blood
Heights or falling	Ghosts	Spiders or insects
Small or narrow places	Evil	Snakes
Strangers	Failure	Poverty
Being alone	Animals (what kind? _____)	Robbers/intruders
Water, lakes, or the ocean	That something terrible will happen	Contagious disease/germs
Death	Being in public or in a crowd	Insanity

Other fears or phobias: \_\_\_\_\_

**Mental and Emotional Characteristics**

**In general, I tend to feel restless**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**If so, is there a part of your body that tends to be the most restless \_\_\_\_\_?**

**In general, I feel the need to keep things clean or organized**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**In general, I tend to feel impatient or hurried**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**In general, I tend to feel suspicious**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**In general, I tend to feel jealous or envious**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**In general, I tend to feel irritable or angry (whether you express it or not)**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**In general, I tend to criticize myself**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**In general, I tend to criticize others (either verbally or in my thoughts)**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**I think about disagreeable or troubling events from the past**

Almost never    Less than once a week    Once a week    Once a day    More than once a day

**I have urges to throw things, hit people/things, or break things (whether you act on this desire or not)**

Never/Almost never    Less than once a week    Once a week    Once a day    More than once a day

**I have urges to hurt myself (whether you act on this urge or not)**

Never/Almost never    Less than once a week    Once a week    Once a day    More than once a day

**I cry easily or often**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**If someone upsets or offends me, I feel nervous confronting that person about it**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree    Only with authority figures

**I am offended easily by rudeness or injustice**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I am overly sensitive to hearing sad or cruel stories about children, adults, or animals**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**Being scolded, reprimanded, or criticized affects me negatively**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I am frightened or startled easily**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I often worry about social status and success**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I often feel impulsive, or have sudden changes in mood or behavior**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I have difficulty making decisions**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I have a strong desire to travel or to be outdoors in nature**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I have a strong affinity for and love of animals**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I have a strong religious or spiritual faith**

Strongly disagree    Slightly disagree    Neutral    Slightly agree    Strongly agree

**I am often forgetful of the following**

Dates    Names    Numbers    Words    Places    Faces    Recent events  
Distant past events    What I was about to say    What someone just told me    What I was about to do  
What I just did    What I just said

**I have had dreams or daydreams that have come true (clairvoyant or prophetic dreams)**

Less than twice    Less than 4 times    Less than 10 times    More than 10 times

**Regarding any past emotionally traumatic events, I feel**

Grief    Guilt    Anger    Fear    Sadness    Shame    Indifference    Peace    Empowerment  
Other: \_\_\_\_\_

**Regarding my health condition, and the possibility of recovery, I feel**

Very optimistic    Hopeful    Somewhat doubtful    Discouraged    Fearful    Severe despair

**In general, my overall outlook on life at this time is**

Very optimistic    Generally positive    Indifferent    Pessimistic    Loathing life  
Desire death    Suicidal thoughts    Suicidal plans

**When I am feeling sad or upset, at the very worst point, I need**

To be completely alone    To have someone nearby    To be distracted from my feelings  
To vent about what I am feeling    To have someone talk to me about what I'm feeling, and console me

**If I am feeling at my worst, the following makes me feel much better (circle any that apply)**

Rest/Sleep    Massage/Pressure    Crying    Yelling    Music    Dancing  
Company    Being alone    Talking    Quiet    Darkness    Sunshine    Eating  
Gentle exercise    Vigorous exercise    Exposure to heat    Exposure to cold

Anything else that consistently makes you feel better:

\_\_\_\_\_  
Anything that consistently makes you feel worse:

\_\_\_\_\_

**(If you have a partner/spouse) My general feeling toward my partner/spouse is**

Loving    Affectionate    Indifferent    Dissatisfied    Disappointed    Irritated  
Resentment    Disgust    Hatred

**The frequency of my sexual desire or interest is (whether you act on this desire or not)**

Never/Less than 1x/year    1-6 x/year    Every 1-2 months    Every 1-2 weeks    2-4x/week  
Once/day    More than once/day

**(If sexually active) Approximate frequency of intercourse**

Never/Less than 1x/year    1-6 x/year    Every 1-2 months    Every 1-2 weeks  
2-4x/week    Once/day    More than once/day

**Approximate frequency of masturbation**

Never/Less than 1x/year    1-6 x/year    Every 1-2 months    Every 1-2 weeks    2-4x/week  
Once/day    More than once/day

**I experience the following (circle any that apply):**

Lack of sexual enjoyment    Difficulty reaching orgasm    Troubling sexual thoughts    Impotence