Dr. Thauna Abrin, N.D.

Homeopathic Intake Form

Name:_____ Today's Date:_____

Weather/Climate

What kind of weather do you like?_____

What kind of weather makes you worse?_____

Do you like being in the sun? ☐ Yes ☐ No Do you get headaches from the sun? ☐ Yes ☐ No

Do you prefer the seashore or the mountains? ☐ Seashore ☐ Mountains

What is your favorite season?_____

What season makes you feel worse?_____

What kind of air do you like?_____

Do noises or certain odors bother you? ☐ Yes ☐ No

Clothing

What kind of cloth (texture of fabric) do you like to wear?_____

Do you like loose or tight clothing?_____

Do you like to wear belts and turtle necks?_____

Sleep

Do you talk in your sleep? ☐ Yes ☐ No

Do you grind your teeth in your sleep? ☐ Yes ☐ No

What position do you sleep in - left side, right side, stomach, back, stomach with knees pulled to chest, back with arms over head?_____

Do you perspire at night? ☐ Yes ☐ No Where do you perspire? _____

Are you hot or cold at night? ☐ Hot ☐ Cold

Do you sleep with lots of blankets? ☐ Yes ☐ No

Do you wake refreshed? ☐ Yes ☐ No

Do you have a restless sleep? ☐ Yes ☐ No

If you wake at night, approximately what time?_____

Do you have trouble getting to sleep? ☐ Yes ☐ No

If you wake at night, do you go back to sleep? ☐ Yes ☐ No

Do you dream? ☐ Yes ☐ No Describe any recurrent dreams _____

Do you have nightmares? ☐ Yes ☐ No

If you go to bed feeling bad, do you awake feeling worse? ☐ Yes ☐ No

Do you like the morning? ☐ Yes ☐ No

Memory

How is your memory?_____

What kinds of mistakes do you make daily?_____

How is your ability to concentrate?_____

Food

What foods do you crave?_____

What foods do you absolutely dislike?_____

What foods, when you eat them, make you worse?_____

Are you thirsty? ☐ Yes ☐ No

Do you drink hot, cold or iced beverages? ☐ Hot ☐ Cold ☐ Iced

What do you like to drink to quench your thirst?_____

When you drink, do you gulp, rapidly sip, slowly sip? ☐ Gulp ☐ Rapidly Sip ☐ Slowly Sip

When you are hot, do you want hot or cold drinks? ☐ Hot ☐ Cold

When you are cold, do you want hot or cold drinks? ☐ Hot ☐ Cold

Do you have lots of saliva in your mouth? ☐ Yes ☐ No

Is your mouth dry? ☐ Yes ☐ No

Do you have bad breath? ☐ Yes ☐ No

How do you feel about salt?_____

Do you like spicy food? ☐ Yes ☐ No

Do you like fatty food? ☐ Yes ☐ No

Women only:

What is the length of your cycle?_____

Describe the flow._____

Describe the amount._____

Do you have any pain? ☐ Yes ☐ No

Describe the pain._____

Are there any clots? ☐ Yes ☐ No

What is the color of the blood?_____

How do you feel before you start?_____

How do you feel during your menses?_____

How do you feel after you finish?_____

Self Description

Describe yourself._____

_____

_____

_____

What makes you angry?_____

What makes you irritable?_____

What makes you impatient?_____

Who or what makes you critical?_____

What situation makes you stubborn?_____

How much do you worry?_____

What do you worry about?_____

Are you fastidious, neat, or messy?_____-_____

Do you ever procrastinate? ☐ Yes ☐ No

Are you a perfectionist? Describe _____

Could you be described as emotional? ☐ Yes ☐ No

What does success mean to you?_____

Are you an affectionate person? ☐ Yes ☐ No

Do you like verbal or physical consolation? _____

Do you like company or do you like to be alone?_____

Are you outgoing or introverted? ☐ Outgoing ☐ Introverted

Do you feel depressed and when?_____

Have you ever entertained the idea of suicide? ☐ Yes ☐ No

When sad or crying, do you want to be consoled or left alone? ☐ Consoled ☐ Left Alone

What are your fears?_____

What are your phobias? _____

Are you a self confident person? ☐ Yes ☐ No

How does your confidence affect your daily life? _____

Do you have sympathy for other people or animals? ☐ Yes ☐ No

What do you do in your leisure time?_____

On a scale from workaholic (10) to doing absolutely nothing (0), where do you stand?_____

What makes you jealous?_____

What do you envy?_____

What are you suspicious about?_____

What are your feelings about death._____

Are you impulsive or do you tend to ponder situations first? ☐ Impulsive ☐ Ponder

Is there anything unusual or remarkable about you?_____

_____

Sexuality

Is your libido? ☐ Low ☐ Medium ☐ High

Trauma/Grief

Do you have a history of trauma? ☐ Yes ☐ No

Is yes, what?_____

_____

Have you had a major grief in your life?_____

Have you ever felt forsaken or scorned? ☐ Yes ☐ No

Have you ever suffered a financial loss? ☐ Yes ☐ No