

ANTIBIOTICS

QUICK QUESTIONNAIRE FOR HOMEOPATHIC RECOMMENDATIONS

Patient's Name: _____

Date: _____

Yes **No**

- Where is your infection located? _____
- What are the symptoms? _____
- Does anything make it feel better? If so, what? _____
- Does anything make it feel worse? If so, what? _____
- How long have you had these symptoms? _____
- Any previous infections? Please describe. _____
- _____
- Do you get many colds?
 How would you describe your diet? (What foods & how often do you typically eat in a day?) _____
- _____
- Is your appetite good, fair, poor? _____
- Do you crave any particular foods? If so, please list. _____
- _____
- Do you have an aversion to any particular foods? If so, please list. _____
- _____
- What is your sleep pattern or sleep quality like? (How many hours, frequent awakening, sound or restless sleep, dreams, etc?) _____
- _____
- Describe your current bowel function. (How often do you have movements, is your stool hard, soft, etc., problems with constipation, diarrhea, color, odor, etc.) _____
- _____
- Any changes in your bladder or kidney function? If so, please describe. _____
- _____
- Do you experience any sadness or depression? If so, please describe. _____
- _____
- Is it better or worse at any particular time of the day or month?
 What aggravates it or makes it better? _____
- _____
- How would you describe your personality? (Behavioral and emotional characteristics, i.e. impatient, easygoing, happy, sad, etc.) _____
- _____
- How would others describe you? (Behavioral and emotional characteristics, i.e. impatient, easygoing, happy, sad, etc.) _____
- _____
- Do you experience any restlessness? If so, please describe. _____
- _____
- Do you have any fears? If so, please describe. _____
- _____
- What brings you pleasure? _____
- What brings you joy? _____

Notes:

