Syed Ali Imam
(DHMS, RHMP)
Homoeopathic Physician & Consultant

Mudava Clinic: A place for homoeopathic treatment - promoting natural way of healing & happy living.

Consultation Service Now Available

Schedule An Appointment:
+92-333-2544627 (contact via WhatsApp)
care@mudava.com
www.mudava.com

Consultation Fee — 1000 PKR

Mudava Homoeopathic Clinic
CASE RECORD FORM

Name:

Age:

Sex:

Occupation:

Address:

How did you know about us?:

Have you used Homoeopathy before?:

Briefly, describe your chief complaints?

Fever/chills/cold/cough/pains/diarrhoea/weakness/joint pains/breathlessness (etc.)

What is the cause of chief complaints according to you?

Emotional cause	*Grief/insult/loss/anxiety/any other emotional cause*
Physical cause	*Injury/exertion/lack of sleep/any other cause*

Location of the chief complaint:

Body part where the problem is:

Describe the chief complaint and associated features in detail?

Chill/heat/sweat

Which part of the body does it begin?

Which area is it felt maximum?

State your reaction to appetite, thirst, sleep, urination, bowel movements, sweat etc.?

Any particular direction of chills/heat/sweat (ascending, descending etc.)?

Cough/asthma/respiration

Any strong aggravating factors for the above complaints?

Any strong ameliorating factors for the above complaints?

Loose/dry cough/with pain/without pain etc.?

Taste of cough in mouth?

Posture – that makes the complaint worse/better?

Details of chief complaints:

What are conditions of aggravation and amelioration?

Please fill in the table below regarding the chief complaints:

Time — when is it more	***Temperature — Reaction to cold and warm***	***Posture — worse or better by Lying on back, Lying on abdomen, Lying on side etc.***	***Reaction to open air/weather***
Thirst (changes in pattern)	***Taste (changes in pattern)***	***Reaction to eating (↑ or ↓)***	***Reaction to sleep (changes in pattern)***

Investigations:

CBC:

Dengue:

Malaria:

Covid-19 test:

Urine test:

Have you been in close proximity with any Covid-19 positive patient?

Required must:

Picture of face:

Picture of tongue:

Changes at general level (any change from normal):

(Write in detail)

Thirst (quantity/frequency etc.)	***Menses (absent/painful/ dysmenorrhea)***	***Sleep (position/quality- restless/deep etc.)***
Reaction to heat and cold (any changes)	***Stools (diarrhea, constipation etc.)***	***Urination (↑ or ↓, painful, smell etc.)***
Appetite (hunger ↑ or ↓ etc.)	***Cravings for any particular food/drink***	***Aversion to any particular food/drink***

Changes in state of mind:

What is the reaction to disease?	***Reaction to company and being alone?***	***State of mind with respect to time of the day- morning/afternoon/evening/night***
Fears/anxieties	***Any other thoughts/feelings***	***Dreams***
Facial expression	***Dullness/activeness (level)***	***Changes in state of mind since symptoms started***

Any other changes or observations:

Email care@mudava.com ***for any queries/suggestions.***