

**The Light House**  
**HOMEOPATHY HISTORY**

**Client Details**

**What health problems do you have?**

**What illnesses have you had in the past?**

**As a child?**

**Are there any illnesses that run in the family?**

**What medication do you take?**

**Are you allergic to any pills or medicines?**

## **Social**

**Who do you live with?**

**What is your occupation?**

**Does it have any health hazards?**

**What are your hobbies and interests?**

**Do you smoke?**

**What is your alcohol intake?**

**Have you had any bereavements and losses?**

**Is there anything else relevant?**

## **Mind Symptoms**

**Do you have a dominant emotion?**

**Do you have any persistent thoughts?**

**Do you have any particular fears?**

**When do you feel most depressed?**

**When do you feel most cheerful?**

**How do you feel about company?**

## **Physical Symptoms**

**Head**

**Eyes**

**Nose**

**Ears**

**Mouth**

**Throat**

**Chest**

**Heart**

**Digestion**

**Bowels**

**Genitourinary**

**Menstruation (for females)**

**Back**

## **Generalities**

**How would you describe yourself?**

## **Modalities**

**What makes you better?**

**What makes you worse?**

**Are you better in company or alone?**

**Are you better inside or outside?**

**Are you better moving or resting?**

**Are you better or worse before or after eating?**

**Are you better or worse after sleeping?**

**At what time of day or night are your symptoms better or worse?**

**How are you affected by different kinds of weather?**

**How do seasons affect you?**

**Are you better or worse at the seashore? In the mountains?**

**Is there any other condition that makes you or your symptoms better or worse?**

**Finally**

**Is there any event or recurrence that you think is significant?**

**Is there anything else that might be relevant?**