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Homeopathic Case Record Form (Child)

A Few Words Before You Begin

Homeopathy Seeks To Understand Your Child As A Whole Person, Not Merely A Disease Or Diagnosis. A Child's Health Is Influenced By Heredity, Pregnancy, Birth Experiences, Development, Environment, Relationships, Emotions, And Life Events. Please Answer The Following Questions In Your Own Words And As Completely As Possible On Separate Sheets Of Paper. Even Seemingly Small Details May Be Valuable In Understanding Your Child. All Information Will Be Kept Strictly Confidential.

1. About The Child

Please Tell Us About Your Child Name, Age, Date Of Birth, Gender Address And Contact Details School, Grade, And Academic Performance Main Caregivers And Family Members Living With The Child Referred By Whom

2. Your Child's Health Concerns

What Brings Your Child Here Today? Please Describe The Complaint(s) In Detail When And How They Began Progress Over Time What Makes Them Better Or Worse \treatments Taken And Their Effects

How The Problem Affects The Child's Daily Life, Sleep, Studies, Play, Emotions, And Relationships

3. Before Birth (pregnancy History)

Please Tell Us About The Pregnancy Was The Pregnancy Planned Or Unplanned? Mother's Physical Health During Pregnancy Mother's Emotional State During Pregnancy (fears, Stress, Grief, Anger, Happiness, Major Life Events, Shocks, Losses, Worries, Relationship Issues, Etc.)

Significant Illnesses, Medications, Infections, Accidents, Vaccinations, Or Complications During Pregnancy Cravings, Aversions, Unusual Experiences, Or Changes During Pregnancy

4. Birth History

Please Describe:

Full-term Or Premature Birth Normal Delivery, Forceps, Vacuum, Or Caesarean Section

Any Complications During Labor Or Birth Birth Weight (if Known) Condition Of The Baby Immediately After Birth Nicu Admission Or Special Medical Care Any Birth Injuries Or Difficulties

5. Early Development

Please Describe Your Child's Development Breastfeeding And Weaning History Feeding Difficulties, If Any Dentition (teething History) Toilet Training Developmental Milestones (holding Neck, Sitting, Crawling, Standing, Walking, Talking, Social Interaction, Learning Skills, Etc.) Any Delays Or Concerns Noted During Development

6. Past Health History

Please Share:

Significant Illnesses, Infections, Allergies, Hospitalizations, Injuries, Accidents, Surgeries, Vaccinations, And Medications

Previous Homeopathic Treatment And Response Important Medical Reports Or Diagnoses

7. Family Health History

Please Describe Important Illnesses, Health Tendencies, Emotional Patterns, Or Causes Of Death Among Parents, Grandparents, Siblings, And Close Relatives. Has Anyone In The Family Suffered From Complaints Similar To Your Child's?

8. Physical Characteristics & Habits

Please Describe Your Child's: Appetite, Thirst, Food Likes, Dislikes, Cravings, And Aversions Digestion And Bowel Habits

Urination Perspiration Sensitivity To Heat, Cold, Weather, Seasons, Bathing, Clothing, Etc.sleep Habits, Sleeping Position, And Dreams Fears, Allergies, Sensitivities, Or Unusual Physical Traits

9. Nature, Emotions & Behaviour

Please Describe Your Child: General Nature And Temperament Likes, Dislikes, Interests, Hobbies, Talents Relationship With Parents, Siblings, Teachers, Friends, And Strangers Behaviour At Home And Outside Reactions To Being Corrected, Denied, Criticized, Praised, Or Disappointed Fears, Anxieties, Insecurities, Jealousy, Anger, Sadness, Stubbornness, Shyness, Sensitivity, Confidence, Affection, Possessiveness, Etc.

What Makes Your Child Happy, Upset, Angry, Frightened, Or Withdrawn?

10. Life Events & Emotional Experiences

Please Describe Any Significant Events That May Have Affected Your Child Emotionally, Such As:

Change Of Home Or School Separation From Parents Loss Of A Loved One Birth Of A Sibling Family Conflicts Bullying Illnesses Accidents Any Other Memorable Experiences

11. Daily Routine

Describe A Typical Day In Your Child's Life Sleep School Studies Play Screen Time Physical Activity Social Interactions Any Ways In Which The Present Complaint Affects Daily Life

12. About Your Child

If You Had To Introduce Your Child To Someone Who Has Never Met Them, How Would You Describe Them? What Do You Feel Are Your Child's Greatest Strengths, Challenges, Gifts, And Needs?

Please Attach

Recent Medical Reports, Investigations, Growth Records, Vaccination Records, School Assessments (if Relevant), Prescriptions, And Details Of Any Homeopathic Medicines Previously Taken Along With Their Effects.