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## Homeopathic Case Record Form (Female)

### A Few Words Before You Begin

Homeopathy treats each person as a unique individual. Along with your physical complaints, your emotions, reactions, habits, relationships, life experiences, and personal journey help us understand your health more deeply. Please write freely in your own words on separate sheets of paper. There are no right or wrong answers. Even details that seem unrelated may be helpful. All information will be kept strictly confidential.

#### 1. About You

Please tell us about yourself: your name, age, date of birth, contact details, address, education, occupation, marital status, diet, religion, family members, and who referred you to us.

#### 2. Your Health Concerns

What brings you here today? Please describe your complaints in detail—when and how they began, how they have progressed, what makes them better or worse, treatments taken and their effects, and how they affect your daily life.

#### 3. Your Health Journey

Please share any significant illnesses, infections, surgeries, injuries, accidents, hospitalizations, vaccinations, pregnancies, miscarriages, long-term medications, or treatments (including homeopathic treatment) you have had in the past.

#### 4. Family Health History

Tell us about important illnesses, health tendencies, or causes of death among your parents, grandparents, siblings, spouse, children, and close relatives. Has anyone suffered from complaints similar to yours?

#### 5. Personal Health & Habits

Please describe your:

- Allergies or sensitivities
- Appetite, thirst, food likes, dislikes, cravings, and aversions
- Urination and bowel habits
- Perspiration
- Sleep and dreams
- Addictions or regular use of tea, coffee, tobacco, alcohol, etc.
- Sexual health (if relevant)

#### 6. Women's Health

Please describe your menstrual history, menstrual complaints, vaginal discharge, breast complaints, contraception, pregnancies, miscarriages, deliveries, breastfeeding experience, and menopause (if applicable).

#### 7. About Your Nature & Emotions

Please tell us about yourself as a person. What are your desires, expectations, fears, worries, stresses, joys, sorrows, disappointments, strengths, weaknesses, likes, dislikes, hobbies, relationships, and reactions to situations such as anger, criticism, grief, responsibility, success, or failure? What is most important to you in life?

#### 8. Your Life Story

Please briefly describe your life from childhood until today. Mention important events, relationships, emotional experiences, losses, achievements, shocks, disappointments, or memories that have deeply influenced you.

#### 9. Your Thoughts About Life

What gives meaning and purpose to your life? What are your views about yourself, society, nature, spirituality, or God? What would you most like to receive from life and contribute to the world?

#### 10. Your Daily Routine

Describe a typical day in your life and how your present health concerns have affected it.

#### Please Attach

Recent medical reports, investigations, scans, prescriptions, and details of any homeopathic medicines previously taken along with their effects.

This version fits comfortably on a single page while still gently covering every area explored in your original comprehensive case-taking form.