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## Homeopathic Case Record Form (Male)

### **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, 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, reproductive health, fertility concerns, or any related complaints

#### **6. Marital, Sexual & Reproductive History**

Please describe any concerns related to sexual health, desire, performance, fertility, conception, fatherhood, urinary-genital health, or other related issues. If married, kindly mention your spouse's health and any significant family or reproductive concerns.

#### **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.