Homeopathy of London
John Somerton BSc. RCSHom
Homeopath
824 Riverside Drive
London, Ontario
N6H 2S9
Phone/Fax (519) 472-8541
john@homeopathyoflondon.com

Helping you achieve true health-naturally...

REPORTING SYMPTOMS HOMEOPATHICALLY

1. Describe, in detail, the onset of your symptoms. Outline any related mental, emotional or physical symptoms and/or any external condition(s) that may have contributed to your state of being at that time.

2. Outline all previous illnesses. Include any childhood diseases and if applicable, any lasting effects from these aliments. Were there any extensive therapies employed in the healing of these conditions? Did you have any reactions or long-term side effects to any such therapies?

3. Describe any symptom you are experiencing in terms of its location in the body. Does this symptom shift from one place in your body to another? Related symptoms elsewhere in the body? Particular sensations associated with the symptom? How it feels/looks/smells/tastes? Anything that makes the symptom unique, striking or unusual? If pain is involved, describe the pain you endure ex. a dull ache vs. a sharp stabbing pain, a constant or periodic pain etc. Describe the onset of your pain; slow vs. sudden? How intense is the pain?

4. Write down when your symptoms feel better or worse: time of day/ when hot or cold/ month/ season/ before or after eating/ sleep/ moving/ resting/ certain positions/ when occupied/ specific mental/emotional states.

5. Are you affected in any way by different kinds of weather? Dryness/ humidity/ approaching storms/ thunderstorms/ frost/ cloudiness/ low or high altitudes/ being by the sea shore.

6. Urination (if of concern): Colour/ odour/ sediment/ quantity/ frequency/ urgency.

7. Stool (if of concern): Number of stools per day/ colour/odour/ hard/ dry/ large/ pasty/ bloody/ frothy/ slimy/ thin/ watery/ slender/ flat/ difficult or incomplete/ urging without stool.

8. Menses: Length of cycle/ length of period/ significant pain associated with menses/ length of period/ nature of the flow/ clotting/ cramping/ PMS/ mood swings/ bloating/ swollen tender breasts/ cravings/ vaginal discharge with or without menses.

9. Sex: Desires/aversion/ painful intercourse/ vaginal dryness/ impotency.

10. Perspiration: Profuse/ scanty/ odour.

11. Body Temperature: Hot vs. cold body type/ hot or cold hands or feet/ hot flashes.

12. Sleep: Do you wake up at night? When? Why? How do you feel in the am on rising? What position do you sleep-side/back/front? Are parts of the body covered or exposed with sleep? Do you have recurring dreams in your sleep? Are there any prominent themes to your dreams? Night terrors?

13. What motivates you in life? Are there lasting traits from childhood that are still an issue today? Are there running themes in your life? eg. “All my life I’ve been...”. How would others describe you? How do you deal with change in your life? Do you need structure in your life? (Please elaborate on any of the above, if applicable)