

## Acute Care Questionnaire

Please review the following questions prior to contacting me and be prepared to provide this information. This will allow me to select a closely matched remedy for your symptoms and save you time and cost. The more information that can be provided the better the remedy recommendation can be.

Note: Not all questions will apply to everyone! However, for those that apply to you and your symptoms, please be prepared to convey the information.

1. What are your primary symptoms?
2. What bothers you the most?
3. Did this come on suddenly or gradually?
4. What was going on at, or about, the time the symptoms began?
5. Where on or in the body is the symptom occurring?
6. What does the part that's bothering you look like? Anything remarkable?
7. Describe the pain or other feelings/sensations.
8. Does it extend anywhere? (For instance, "It feels like there's a stick in my throat, I'm constantly trying to swallow. The pain shoots to my left ear.")
9. Time of day you feel the worse? Best?
10. What makes the symptom better or worse? Consider these possibilities: heat vs. cold, fresh air vs. drafts, lying still vs. motion; night vs. day;; quiet vs. noise; light vs. dark; touch vs. no touch/pressure, prefer alone or with company; desired position, thirst, eating, consolation, etc.
11. Additional symptoms that came with the main complaint—for instance, pain with crying; pain with excessive salivation; pain with nausea, etc.
12. Discharges and their color, odor and consistency. A discharge is anything liquid that's coming out from any part of the body.
13. General symptoms - these are all the "I" symptoms: I'm hot, I'm cold, I'm thirsty, I'm tired, I'm sad, I'm irritable, I'm hungry, I crave pickles, etc. Especially if this is unusual for you.

14. The mental-emotional symptoms: Have your mental or emotional characteristics changed from how they are normally? For example: Someone who is normally self-confident and outgoing suddenly becomes sad and clingy when they have a cold.
15. Are you thirsty or not thirsty? Sips vs. gulps? For what temperature drinks? What kind of drinks? Anything else that is different than normal?
16. Is there a fever? Fever characteristics?
17. Is there perspiring? What part of the body?
18. Are there odors? Are odors an issue, such as bad breath, foul odors of any sort?
19. What is most striking about the condition? What is most peculiar?