

# Case History Form English

**Patient Reg. No-**

**Patient Name-**

**Gender-**

Male

Female

**Age-**

**Marital Status-**

Married

Unmarried

**Occupation-**

**Email Address-**

**Mobile No-**

**What's App No-**

**Alternate No-**

**Address-**

**House No/Village/Mohalla-**

**City-**

**State/Province-**

**Pin Code/ZIP/Postal Code-**

**Country-**

 

**Landmark-**

**Post Office-**

**PRESENT COMPLAINTS WITH DURATION OF EACH COMPLAINTS/SYMPTOMS IN DETAIL-**

**DISEASE AGGRAVATION FACTORS INCREASE IN DISEASE,PAIN OR ANY SYMPTOM OF DISEASE-DAY/NIGHT/TIME/CHANGE OF WEATHER/ANY SPECIAL SITUATION & CONDITION ETC.)-**

**DISEASE AMELIORATION FACTORS RELIEF IN DISEASE SYMPTOMS IN ANY SITUATION/CONDITION ETC.-**

**PRESENT ALLOPATHY/ANY OTHER TREATMENT WITH PRESCRIPTION & MEDICINES,DOSES-**

**PREVIOUS TREATMENT TAKEN TILL NOW SINCE BEGINNING WITH EFFECT AND SIDE EFFECTS-**

**DOCTOR'S Name / HOSPITAL NAME WITH TREATMENT PERIOD & Effect/Side effect-**

**DOCTOR OPINION ABOUT DISEASE-**

**SHARE MEDICAL INVESTIGATION REPORTS-**

Choose File

No file ch...

**Share Video of 3 minutes of Patient Explaining Disease problem . Points to be covered IN VIDEO-Date & PATIENT REGISTRATION NO. EXPLAIN YOUR PROBLEMS IN DETAIL IN THE 2-3 MINUTES 2-3 VIDEOS OF PATIENT SUFFERING SINCE BEGINNING OF DISEASE.DESCRIBE YOUR EXACT DISEASE SYMPTOMS.-**

Choose File

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**PATIENT CAN VISIT US AT OUR CLINIC IN FUTURE DURING TREATMENT FOR BRAIN FUNCTION & DISEASE RELATED BLOOD TESTS, FUNCTIONAL MRI OF BRAIN, F-DOPA PET SCAN, EMG, NCV, EEG AND OTHER INVESTIGATIONS BY TAKING PRIOR APPOINTMENT.**

**Dr. Jitendra Shukla Sanjeevani Homeopathy**

**Address: Shop No. 209, 2nd Floor, Felix Square, Above ICICI Bank, Near Lu Lu Mall Road, Sector B, Sushant Golf City, Lucknow - 226030**

**Clinic Timings: 10 AM to 7 PM**

**Helplines: 9305555066 | 9305055558 | 9336665554**

**[Chat with us on WhatsApp \(https://wa.me/91840000666\)](https://wa.me/91840000666)**

Submit

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