

GUIDELINES FOR WRITING YOUR MEDICAL AND PERSONAL HISTORY – LIFE PICTURE

Homoeopathy and 5 Element Acupuncture are unique, holistic systems of treatment. Dr Ryan uses these approach as the basis of his patient care. A detailed medical and personal history will assist the relevant diagnosis of just where your complaint may have its origin. Homoeopathic medicines are prescribed for individual people, not for illnesses as such. For example, several people seeking help for the same “complaint” would most likely be treated with different medicines because their individual symptoms and characteristics are different. The medicines chosen are matched to your characteristics, not just to your illness. The same is true for the 5 Element Acupuncture system, patients with the same medical diagnosis will be treated with different acupuncture points according to their history.

Detailed information is vital to accurate diagnosis. Writing a thorough ‘life picture’ will assist greatly in helping you. This will take a little time and effort, but the potential benefits to your health will depend on this information. Incomplete information will make correct diagnosis more difficult. What you write will form the basis for further questions in your consultation. All information that you provide will be treated as strictly confidential in line with our Privacy Policy. Where possible, please provide the statement in your own handwriting, and follow the guidelines set out below. This is not a questionnaire to be written on and handed in but rather a guide to direct you to write about yourself in as much detail as you wish. When you have finished, post or deliver your history as soon as possible to the address below.

1. IDENTITY AND ENVIRONMENT

Begin by setting out the following: Full name. Date of birth. Place of Birth. Address. Telephone numbers. Marital status. Domestic situation, i.e. living alone, with family, communal household etc.

Describe the following:

- Occupation: current and previous; describe job responsibilities, satisfaction; pressures and the general work environment.
- Educational history and qualifications.
- Current family situation: include details of all the members, their ages, location, occupation, your relationship with them and responsibilities towards them. Include details of any who may have died, stating their age at death, cause of death and your age at the time of their death. Family difficulties or discord.
- Your daily routine from waking to retiring, include anything of note regarding meals and bodily functions.
- Financial responsibilities and strains (present and past).

2. MAIN COMPLAINTS Give a full description, each in turn, of the ailments bothering you the most, detailing:

(i) Area affected, from time of onset, through development and spread of the problem. This includes the course of events and response to treatments, if

any.

(ii) Sensation experienced in the area of trouble.

(iii) Conditions, physical and/or emotional, that may have brought on the trouble (examine circumstances both before and at time of onset).

(iv) Conditions or actions that increase the problem and those that give relief.

(v) Other symptoms experienced at the same time as the main trouble such as nausea, headache, perspiration, etc.

3. OTHER COMPLAINTS

Describe secondary problems, using similar format to the above.

4. PERSONAL DATA

Give a detailed account of the following:

(i) Physical description of yourself - build, height, weight, complexion, etc.

(ii) Emotional and intellectual nature. Include information on: your outlook on life and your hopes, aspirations, ambitions and extent to which you have fulfilled them; irritability, depression; yielding or tenacious nature; ability to relate to family, friends, associates, people in general, animals; preference for company or solitude; affinities to countries, cultures, environments; interests, hobbies, skills; self-image, self-confidence; vents or situations which have affected your development as a person etc.

(iii) Diet – include types of foods consumed; cravings, aversions, foods that disagree; appetite, thirst; consumption of alcohol, tobacco, tea, coffee, drugs.

(iv) Reactions to surroundings: weather, heat, cold, dampness, draughts, allergens, activity, light, noise, odours, day, night, moon phases, city, country, forests, deserts, mountains, sea, travel, etc.

(v) Sleep, and dreams - their frequency, themes, emotional effect.

(vi) Sexual (including menstrual and obstetric history) if appropriate.

5. PREVIOUS ILLNESSES

Give a summary of the various illnesses you have had, at what ages, and indicate if you feel any have a bearing on present troubles. Also note any vaccinations you have had, and at what ages, if known.

6. FAMILY MEDICAL HISTORY

List the main health problems that have affected your parents, brothers, sisters and grandparents. Note any complaints that tend to run in the family. Comment on the health of your partner and children.

7. OTHER DETAILS Include any data that you feel may be relevant but which has not been covered above.

8. ENCLOSURES Provide copies of any medical reports, test results etc. relating to your problems.

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