**Acute Case Questionnaire**

1. **Describe** the complaint in your own words and tell when it started and whether it came on suddenly or gradually.

2. **Etiology** **-** meaning, what caused it, if you know. What was going on at, or around, the time of the occurrence?

3. **Sensation** **-** describe the pain or other feeling. Does it extend anywhere, does it shoot anywhere? For instance, "It feels like there's a crumb in my throat, I'm constantly trying to swallow. The pain shoots to my left ear."

4. **Appearance** **-** what does the person, or the part that's bothering the person, look like; anything remarkable? Red skin, droopy eyes, etc.?

5. **Location** **-** where on the body is the complaint located?

6. **Modalities** **-** what makes the complaint better or worse? Consider: heat or cold, bathing, warm rooms, fresh air, drafts, motion, time of day when person gets worse, what position is best/worse; stimuli: conversation, noise, light, touch, pressure, massage, music, company, consolation, etc.

7. **Concomitants** **-** additional symptoms that came with the main complaint, for instance, pain with crying; pain with excessive salivation; pain with nausea **-** the things that have come along for the ride, fellow-travelers, in other words.

8. **Discharges** **-** color, odor, consistency. A discharge is anything liquid that's coming out. So, for instance, runny nose, diarrhea, lacrimation and so on.

9. **Generals -** 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 want pickles, etc.

10. **Mental state**: Have the mental state changed from usual, in what way? What's different mentally and emotionally?

11. What does the person **say**? For instance: "I'm fine, leave me alone." "Don't leave!" "I want to go home!" "I want ice", etc.

12. What is the person **doing**? For example, tossing and turning, pacing, fidgeting, moaning and groaning, etc.

13. **Fever**?

14. **Sweating**? When does the sweating occur? Where on the body? What's it like?

15. **Odors**? Are odors an issue, such as bad breath, foul odors of any sort?

16. What is most striking about the condition or most **peculiar**, for instance, person is cold but heat and covers aggravate; person has burning pains but is better for hot drinks like tea.

17. Is there a **diagnosis**? For instance, flu, teething, etc.

18. Describe the patient's **energy** **-** is he quiet, restless, agitated, sleepy, prostrated, collapsed, stuporous, anguished, desperate, etc.

19. **Thirst** **-** is the person thirsty, not thirsty, what temperature drinks, what kind of drinks, does he only want sips, or gulps, does he drink a little bit frequently or a lot infrequently, and so on.

**For New Clients Only**

**Date:**

**Name: Date of Birth**

**Mailing Address Phone:**

**Email:**

**Emergency Contact Person Phone:**