

## Guidelines for Writing Your Homeopathic Life Picture

Homoeopathy is a unique system of healing. Selection of the correct remedies for you requires knowledge of your background and present characteristics in as much detail as possible. This is because Homeopathic medicines are prescribed for individual people, not for diseases as such. For example, several people seeking help for the same 'disease' would most likely be given different remedies because their individual symptoms and characteristics differed. The remedy is matched to the totality of your characteristics, not to your 'disease'.

Because detailed information is vital for accurate prescribing, you are asked to write your 'life picture' of which will take a little time and effort, but the potential benefits to your health far outweigh any inconvenience. Incomplete information will make correct remedy selection difficult. What you will write will form the nucleus of my data and provide a basis for further enquiry in my discussion with you. Please include 'your word's' as much as possible, describing a feeling or sensation in your own individual way. All information will be treated as strictly confidential. Please follow the guidelines set out below. Thank you for agreeing to write your history – I appreciate your help. When you have finished deliver it to me as soon as possible using the addresses and fax numbers below to allow time to study it before your visit.

### 1. Identity and Environment

Begin by setting out the following: Full Name, Date of Birth, Place of Birth, Address, Phone numbers. Each level of education attained (Secondary, Tertiary, Diploma etc) and the level of achievement reached. Please describe any difficulties that you may have had with school, work, friends, colleagues or teachers in your younger years.

#### Current Family Situation

Include details of your family members, their ages, location if away from family, occupation if working, and your position in the family unit. Include details of any members who have experienced trauma or have died, giving age and cause of death, your age at the time of that trauma/bereavement and the impact of that on you. Family difficulties or discord as these may have a bearing on your health.

#### Daily Routine

Describe your daily routine over a typical 24 hour period including sleep and eating patterns. Include anything of note regarding meals and bodily functions.

Any other factors which may be relevant to your environment.

#### Main Complaints

Give a full description, each in turn, of the ailments bothering you, detailing:

- (i) Areas affected – from time of onset through development and spread of the problem. The course of events and response to any treatments (include prescribed and non prescribed medications).
- (ii) Sensations – experienced in the area of trouble using your words if possible.
- (iii) Conditions, physical and/or emotional – that may have brought on or aggravated the trouble (examine circumstances both before and at the time of the onset)
- (iv) Conditions or actions – that increase the problem and those that afford relief eg presence of breeze, covering or uncovering the body, food, drink, effect of temperatures (local or climacteric)
- (v) Other symptoms which are experienced at the same time as the main complaint.

### 2. Personal Data

Give a detailed account of your physical description including build, height, weight, and complexion and include any changes that may have taken place as you have grown.

- (i) Milestones in Development – give details where possible of the age at which you first sat, crawled, walked and talked, noting anything unusual, age of first tooth and teething

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- pattern, any troubles associated with teething and the age of onset of menstrual periods if applicable.
- (ii) Emotional and intellectual nature – irritability, moodiness, yielding or tenacious nature, ability to make friends and relate to family, friends and people generally, preference for company or solitude, sharing nature or possessive interests, hobbies and skills, self image, self confidence, events or situations which may have affected their development.
  - (iii) Diet – types of foods consumed, quantities consumed, cravings, aversions and food which disagree, appetite, thirst, and blood group if you know it.
  - (iv) Reactions to surroundings – moving, being still, weather, heat, cold, dampness, rain, draughts, phase of the moon, allergens, activity, light, noise, odours, day, night, city, country, forests, mountains, sea and travel.
  - (v) Sleep – dreams and nightmares, frequency and themes and their emotional effect on you.
  - (vi) List all drugs, medications and vitamins taken to date.

### **3. Previous Illnesses**

Give a summary of the various illnesses that you may have had at what ages and indicate if you feel that they may have had a bearing on present troubles. Also note any vaccinations they have had at what ages and if there were any reactions.

### **4. Family Medical History**

List main health problems that have afflicted your parents, brothers, sisters and grand parents and note any complaints that run in either parent families whether you show signs of them or not.

### **5. Other Details**

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

**Enclosures** – provide copies of any medical reports, tests, x-rays, and other reports relating to your condition that you may have.

I look forward to working closely with you to bring you to your vitality.

Nicky Wood