# Resource Place, Pma

*“Live Life Well”*



A homeopath seeks to make a recommendation to assist you in your healing process through learning as much as possible about what is ***characteristic*** about you or your child and the way you live in your world. These distinctions are conveyed to your homeopath in the form of details about your mental, emotional, physical, and general states, as well as about what events might have preceded these states and what causes them to change for the better or worse.

The following list is meant to stimulate but not to limit your thinking in preparation for your consultation.

In no way should this partial list indicate the importance or priority of your reporting.

MENTAL CONDITIONS – e.g., memory, attention, decision making, task effectiveness, language and writing, etc.

EMOTIONAL CONDITIONS - e.g., guilt, anger, fear, sadness, anxiety, obsessions, fantasies, phobias, expectations of self or others, “feelings of…” etc.

PHYSICAL CONDITIONS – everything, from head to toe, inside and out, conventionally diagnosed or simply felt by you – include details like symptom location, direction of symptom movement, color, texture, smell, sensations; the nature of the discomfort or pain – e.g., aching, throbbing, stinging, burning, numbing, shooting, tearing, stabbing, “sensation of…”, etc.

Note: Please DO NOT OMIT any mental, emotional, or physical conditions because you think you understand them, know what causes them, or have them under control.

All significant past and present conditions should be reported because they are indicative of your overall *susceptibility*.

MODALITIES – what makes your symptoms worse or better – e.g., diet; temperature; postural position; internal or external motion; consolation; the company of others; time of day, week, month, or year; etc

GENERALS – light, noise, airflow, seasons, hot or cold blooded, reactions to weather, etc.

EVENTS OF LIFE - traumas; losses; accidents; pregnancies; significant events of childhood, teen and adult years; important changes in work, friends, or family; repeating patterns of events or relationships; especially note any events you have never been well since

MEDICAL HISTORY – illnesses and chronic conditions, including their treatment and your response to the treatment; especially note any illness or treatment (including vaccinations or dental work) you have never been well since; family medical history; etc

FOOD CRAVINGS AND AVERSIONS – without regard for whether you know these foods are good for you or not, and whether you act on a craving or aversion, mention your cravings and aversions and your reactions to certain foods; also include thirst – hot, cold, sip, gulp, amounts, cravings, aversions, etc.

SLEEP – times of sleeping and waking; positions; dreams, especially repetitive dreams, including those of childhood

OTHER – as considered important by you or those around you – e.g., libido, religious feelings, etc.

***Specific to child:***

Favorite Games

Desires and aversion to food

Any dreams/nightmares

Fears

Temperament

Relationship to siblings, parents and friends

School environment or issues

How does child express himself in situations that might arise?

How is child weepy, clingy, indifferent, unhappy, sad, affectionate and in what circumstance?

Give detail description of your child

If you have any questions about any of the above, please feel free to call before your appointment or speak about them with your homeopath at your appointment.

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