

Homeopathic Consultation Intake Form

AVH Certification Committee

Instructions: Fill out form completely using typing or printing. Hand written forms are not acceptable.

Veterinarian's Social Security #: (last 4 digits of SS#)_____ Date of Intake:_____

Animal Name (first and last):_____

(circle) Dog/Cat/Horse/Bird/Other:_____ M F M/N F/S: (date neutered)_____

Age: _____ Weight:_____ (normal weight = _____) Breed:_____

Chief Complaint(s):

History: Provide a chronological list of previous medical problems and/or the progression of this episode of disease. Underline the characteristic symptoms (those that are peculiar to the case and thus represent the animal's unique response to the disease).

Present Symptoms: Provide details of each important symptom, including duration, modalities, changes in behavior, etc. Underline the characteristic symptoms (those that are peculiar to the case and thus represent the animal's unique response to the disease).

Diet:

Animal's Name:_____

Prior Medications
Homeopathic (list)

Conventional (list)

Present Medication(s):

Your Analysis

Repertory used (circle): Kent Kunzli Phatak Boger Knerr
Boericke Murphy Synthetic
Synthesis Complete Other_____

Symptoms used in analysis (list)

Corresponding Rubric Used (list)

(Use characteristic symptoms underlined on the previous page)

***Provide a copy of your repertory based analysis (hand written or computer based) on a separate sheet of paper.**

***Provide a Ddx of the 3 most appropriate remedies from the analysis (see instructions).**

***Write up a detailed discussion of prognosis (see instructions).**

Your Prescription: Include potency and repetition. Explain your choices based on your assessment of the strength of the life force, intensity of the symptoms, extent of pathology, etc. Use facts from the case to support your selection. When will you follow up on the case?

Case Management: Tell us what supportive or ancillary therapy you will use, diet changes you made, long term strategy (for chronic cases), what symptoms you will monitor, etc.

Instructions: Fill out form completely using typing or printing.

Date of first intake: _____

Veterinarian's Social Security #_(last 4 digits of SS#)_____ Date of follow-up:_____

Animal Name (first and last):_____

Last Prescription: (include date administered, remedy, potency, & repetition if any)

Instructions: list every symptom that is characteristic and was used in the analysis or that you are monitoring .

Characteristic Symptoms (list)

Responses or Changes Seen
(same, better or worse)

New Symptoms: (never seen before)

Your Evaluation of Response: (Towards cure, palliation, suppression, no change, or disease aggravation). Use details from the case to explain your answer.

Your Next Move: If you change remedies, explain why and include a new analysis, differential diagnosis, and potency discussion. If you choose to wait, explain why and tell us how long you will wait. If you repeat the same remedy explain why it is time to repeat. Use details from the case in your explanations. Tell us when will you follow up on the case.

(January, 2006)