



Dr. Dwivedi's



# KHUSHI CLINIC & HOMEOPATHY RESEARCH CENTER

Contact Helpline: 9307282052

## QUESTIONNAIRE FOR FEVER

### Case Record

Confidential	DATE:		REG. NO.:
	NAME		
AGE	SEX:	RELIGION:	
FATHER'S/MOTHER'S NAME			
TELEPHONE/MOBILE			
WORK PLACE/CLASS			
E-MAIL			
ADDRESS			
DIAGNOSIS			
REFFERD BY			

Any other Information to share

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*All information given is kept confidential: KHUSHI CLINIC*

*Note: Read and reply all the questions correctly and briefly.*

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1. What do you do want to do during fever?

Answer:

2. What do you know can be the probable reason of your fever? (E.g. any infection of abdomen, urine, acidity, throat, tonsils etc.) Please specify clearly.

Answer:

3. How much silence and peace do you require during fever?

Answer:

4. Do you feel restless during fever or lie quiet in bed?

Answer:

5. If someone disturbs you during fever then what do you do?

Answer:

6. Do you yell at your kids when they disturb you during an attack of fever?

Answer:

7. Do you like to talk to someone or keep quiet during fever?

Answer:

8. Do you like solitude or company when you have fever?

Answer:

9. Does he allow his mother to do her work or asks her to stay with him? (FOR CHILD)

Answer:

10. What is the nature of your thirst during fever and what kind of drink/water do you prefer to have to quench it?

Answer:

11. Whenever you drink water do you take large amounts or prefer small sips?

Answer:

12. Any other problem you want to share or discuss.

Answer:

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