**Weaving Energy, LLC**

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**Adult Homeopathy Intake Form**

**CONTACT INFORMATION**

Date:

Name:

**GENERAL HEALTH**

List chronic health problems and severity of symptoms (0=no symptoms, 5=moderate symptoms, 10=extremely severe symptoms):

**SLEEP**

How has your sleep changed since you filled out the initial paperwork?

How have your dreams changed?

**DIETARY INFORMATION**

How has your diet changed since you filled out the initial paperwork?

**FOR WOMEN**

How is your cycle different than since we first began working together?:

**FOR MEN**

How have any reproductive or prostate concerns changed since we first started working together?:

**STRESS**

How is your response/reaction to stress changed since we have begun working together?

**QUESTIONARRES**

These questionnaires are being used to gain information to assist in the homeopathic process. They will not be used to diagnose any condition.

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

In the last 2 weeks, please rate how often have you been bothered by any of the following problems. Type/write the corresponding number next to the problem.

**0-Not at all 1-Several days 2-More than half the days 3-Nearly every day**

1. Little interest or pleasure in doing things

2. Feeling down, depressed, or hopeless

3. Trouble falling or staying asleep, or sleeping too much

4. Feeling tired or having little energy

5. Poor appetite or overeating

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down

7. Trouble concentrating on things, such as reading the newspaper or watching television

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual

9. Thoughts that you would be better off dead, or of hurting yourself

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

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**GENERAL SELF-EFFICACY SCALE (GSE)**

Please rate how true each statement is for you. Type/write the corresponding number next to the problem using the scale below.

**1-Not at all true 2-Hardly true 3-Moderately True 4-Exactly True**

1. I can always manage to solve difficult problems if I try hard enough

2. If someone opposes me, I can find the means and ways to get what I want.

3. It is easy for me to stick to my aims and accomplish my goals.

4. I am confident that I could deal efficiently with unexpected events.

5. Thanks to my resourcefulness, I know how to handle unforeseen situations.

6. I can solve most problems if I invest the necessary effort.

7. I can remain calm when facing difficulties because I can rely on my coping abilities.

8. When I am confronted with a problem, I can usually find several solutions.

9. If I am in trouble, I can usually think of a solution

10. I can usually handle whatever comes my way.

**COPING SELF-EFFICACY SCALE**

**0 - Cannot do at all 5 - Moderately certain can do 10 - certain can do**

For each of the following items, type/write a number from 0 –10 next to the item using the scale above.

When things aren’t going well for you, how confident are you that you can:

1. Keep from getting down in the dumps.

2. Talk positively to yourself.

3. Sort out what can be changed, and what can not be changed.

4. Get emotional support from friends and family.

5. Find solutions to your most difficult problems.

6. Break an upsetting problem down into smaller parts.

7. Leave options open when things get stressful.

8. Make a plan of action and follow it when confronted with a problem.

9. Develop new hobbies or recreations.

10. Take your mind off unpleasant thoughts.

11. Look for something good in a negative situation.

12. Keep from feeling sad.

13. See things from the other person’s point of view during a heated argument.

14. Try other solutions to your problems if your first solutions don’t work.

15. Stop yourself from being upset by unpleasant thoughts.

16. Make new friends.

17. Get friends to help you with the things you need.

18. Do something positive for yourself when you are feeling discouraged.

19. Make unpleasant thoughts go away.

20. Think about one part of the problem at a time.

21. Visualize a pleasant activity or place.

22. Keep yourself from feeling lonely.

23. Pray or meditate.

24. Get emotional support from community organizations or resources.

25. Stand your ground and fight for what you want.

26. Resist the impulse to act hastily when under pressure.

**GENERAL NEUROFEEDBACK QUESTIONNAIRE**

**0 - Never 2 - Not often 5 - Sometimes 7 - Often 10 - All the time**

Next to each of the following items, type/write a number from 0 –10, using the scale above, to describe how often you experience these difficulties:

1. I have trouble controlling anger.

2. I feel stuck and unable to change.

3. I feel panicky and anxious in my body.

4. I feel helpless.

5. I feel on edge/tense/irritable.

6. I am scattered in my mind and I can’t focus.

7. I find myself overreacting emotionally.

8. I procrastinate.

9. I numb, distract, and/or avoid things.

10. I ruminate about my problems.

11. I can’t make decisions.

12. I am stressed

13. I feel like hiding rather than reaching out.

14. I am overwhelmed.

15. I am tired in my body.

16. I have symptoms of digestive problems.

17. I have pain in my body.

18. I experience memory problems (indicate short or long term)

19. I repeat questions or demands over and over.

20. I have repeating/circling thoughts.

21. I take more time to think about things.

22. I have difficulty finding words.

23. I have decreased focus and/or attention.

24. I have problems with organizing.

25. I have to have things organized all the time.

26. I have problems with sequencing.

27. I have difficulty completing or do not finish what I started.

28. I have lost my sense of direction.

29. I have lost old or familiar skills.

30. I have lost the ability to remember dreams.

31. I have headaches.

32. I have nausea.

33. I have visual problems with no medical reason.

34. I have difficulty reading.

35. I have weakness in my body.

36. I am physically restless.

37. I am constipated.

38. I have sensory overload.

39. I experience hallucinations.

40. I experience flashbacks.

41. I have trouble regulating my body temperature.

42. I have food preferences that have dramatically changed.

43. I am slow to react to things.

44. I have poor balance.

45. I have altered speech.