



Dr. Dwivedi's



KHUSHI CLINIC & HOMEOPATHY RESEARCH CENTER

Contact Helpline: 9307282052

QUESTIONNAIRE FOR UTERINE FIBROID / OVARIAN CYST

Case Record

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

Any other information to share

All information given is kept confidential: KHUSHI CLINIC

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

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1. What is the size of fibroid /mass /cyst?

(Attach the reports of ultra-sonography and other investigations and pathological tests)

Answer:

2. What is the duration of your menstrual cycle?

Answer:

3. What is the state of bleeding during menstruation? (Profuse, scanty, intermittent).

Please specify clearly.

Answer:

4. What is the colour/nature of bleeding? (Red, black, clotted, watery red etc.)

Answer:

5. Do you have pain before, during or after menses?

Answer:

6. Do you feel better or worse when bleeding starts?

Answer:

7. How much weak do you feel if there is profuse bleeding?

Answer:

8. Are you allergic to something?

Answer:

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

Answer:

10. Previous treatments received? (Allopathic, Ayurvedic, Homeopathy, Unani etc.).

Kindly attach data records of medication and prescription.

Answer:

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