

HISTORY & PRESENT HABIT:

1. Present problems chronologically
2. History of main & associate problems, from when they start, in comparison status.
3. What are the medications going on: with time, dose and continuing duration?
4. Recent Blood report, if available any, ie CBC, LFT, KFT, TSH, Lipid profile, Electrolyte e' blood calcium test ,HbA1c plasma glucose, Hormonal status according the disease, Protein Electrophoresis (Blood) & etc. specially current disorder/disease relate (compare the periodical scientific development)
5. Medical history and treatment process, ie at home, hospitalization, surgical intervention...
6. Allergic manifestation from any diet / medicine.
7. Family history, if any form paternal/maternal side
8. Suicidal tendency or ever taken any psychological drugs.
9. History of any gross rejection from family/work place /friends.
10. Daily diet routine, timing and list with quality - quantity.
11. General diet habit and last 1 week diet description in original.
12. Any habit of Tea/ Coffee/ Alcohol /fast food /substance taking etc.
13. Any other act ie takes smell of axial sweat/shoe/shoe polish/petrol etc.
14. Any habit of other thing, ie excess time spends with social media, with any person/place etc.
15. Daily routine from get up in the morning till go to bed, last 1 week description in original
16. Weight, (in kg) height, (both cm & feet) waist circumference (both cm & feet).
17. Full body photograph show the physic with least cloth (to compare periodically).
18. Any other thing/point wants to express/ put under notice for rectification.

EXPECTATION:

Why you need our consultation? What is the expectation? (Please write down chronologically)