

**The Roots of Healing  
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New Patient Forms**

**Questions to Understand Your Constitution**

Name: \_\_\_\_\_

\*Please answer each question give as much information as you like. If you are filling this out for a child, answer only what seems appropriate. If this is for a child on the Autism Spectrum and there was a regression, try to think of how your child/infant was prior to the regression when answering.

What is your main concern (chief complaint) Please be specific and give as many details of your issues as you can.

Do you tend to be chilly or warm?

Do you tend to be more shy or sociable?

Do you tend to be thirsty or thirst-less? Naturally...

Do you like to be consoled when you are upset or be alone?

Do you have any fears, if so of what?

Are you responsible or are you carefree?

Do you tend to be neat or messy? How do you react if things are disorganized?

What are your favorite foods? Least favorite?

Do you like salty foods/spicy/creamy?

Do you like sweet foods? If so, which ones?

Do you like sour foods or vinegar?

Are there any foods that you can't eat because they cause problems?

Is it hard or easy for you to express your emotions?

Do you find decision making easy or difficult?

Do you tend to procrastinate?

Do you have an over-active imagination?

Would you consider yourself to be gullible?

What profession do you think you would be if you could be anything?

Do you hold grudges? Or do you forgive easily?

Do you tend to be hot or cold at night? In what position do you sleep?

Do you sleep with the window open or closed at night?

Do you blush or embarrass easily?

How fond are you of pets?

What is your favorite season? In which season do you feel best?

Are you generally aggravated by cold or heat?

Are you sensitive to sounds, feeling or other external stimuli in your environment?

Will you show emotions in front of people? Cry?

Are you a night hawk or morning lark?

What do you like best about yourself?

What do you see as your worst trait?

How important is what other people think to you?

How do you endure collars, belts or tight fitting clothing?

Are you competitive? Do you have trouble losing when you play a game?

As a child were you clingy with your parents?

As a child did you resist the idea of growing up?

As a child were you a bully or bossy?

What are you most afraid of in life? What are your specific fears and phobias?

What do you worry about day-to-day?

How do other people view you? What do others complain about in you?

How do you react to stress?

What makes you angry? How do you express anger, if at all?

What bothers you most in other people? How do you react to it?

If you had an unexpected 2 weeks' paid vacation from work, what would you do?

On what occasions do you feel jealous?

Do you do anything for self-awareness or personal growth work or spiritual practice?

What would you most like to change about yourself?

Have you had homeopathic remedies from a professional before? What were the remedies? With what results?

What other things are of concern to you that were not asked?

What is the thing you were hoping to not have to talk about?