Homeopathic Dosage Chart

Patient Information			
Name:			
Date:			
Condition Being Treated:			
Homeopathic Remedy Selection			
Chosen Remedy:			
Reason for Selection:			
Dosage Guidelines			
Condition Type	Potency	Frequency	Duration
Condition Type Acute	Potency C / M	Frequency	Duration
		Frequency	Duration
Acute		Frequency	Duration
Acute Notes:	C/ M		
Acute Notes: Condition Type	C / M Potency		
Acute Notes: Condition Type Chronic	C / M Potency		
Acute Notes: Condition Type Chronic	C / M Potency		
Acute Notes: Condition Type Chronic	C / M Potency		

 If symptoms improve: Reduce frequency or consider stopping. If symptoms worsen: Cease remedy and reassess; possibly consult a professional. If no change after a reasonable period: Consider a different remedy or potency.
Observation Log
Date:
Time:
Symptoms Observed:
Response to Dosage:
Professional Consultation
Consulted Professional: Yes No
Date of Consultation:
Advice Received:
Adjustments Made:

Adjustment Guidelines

Follow-Up and Reassessment	
Date for Follow-Up:	
Criteria for Success:	
Further Adjustments:	
Feedback	
Overall Experience:	
Symptom Improvement: Yes No	
Additional Notes:	