Fictional case taking worked record

The person, interview dates and clinical observations in this example are invented. It demonstrates record keeping and uncertainty, not diagnosis, a remedy choice, a dose or a treatment outcome.

Case and session: TRAINING 001. Initial teaching interview, 1 September 2026. A fictional adult describes an already medically assessed recurring head discomfort. The exercise does not establish a diagnosis or eligibility for care.

Permission: Simulated interview for a class. No real patient record or audio was used. A practice record would document actual consent and attendance separately.

Keep report and interpretation apart

Exact account: "When I turn my head, the discomfort feels worse. I cannot tell whether turning slowly makes a difference."

Context and missing detail: Reported during an invented interview. Exact onset, duration, frequency, location within the head, sensation and accompanying features have not yet been supplied. Do not add them from a reference book.

Observation: No examination findings are supplied in this exercise. The quoted change with movement is a report, not an independently observed sign.

Clarification: Ask what "worse" means, whether this occurs consistently, and whether ordinary, sudden or eye movement is being described. Record the answers before narrowing a rubric.

A reference candidate not a prescription

Digital source: Similia's English Boenninghausen repertory, labelled Bœnninghausen's Characteristics Materia Medica & Repertory, C. M. Boger. Source checked 6 September 2026; the product label does not specify a print edition.

Candidate full path: HEAD - Internal - aggravation - motion - of head

Rejected narrower path: HEAD - Internal - aggravation - motion - of head - sudden. The word "sudden" is not supported by the account, so that narrower entry is not justified.

What remains open: A source lookup cannot establish the cause of a headache or clinical safety. No remedy, grade, repertorization score or treatment recommendation is recorded. Actual medical care, medicines and escalation arrangements must be documented by the responsible clinician.

Fictional follow up worked record

TRAINING 001. Simulated review, 8 September 2026. This page continues the invented documentation example. No treatment was assigned in the exercise.

Exact account: "I wrote down three occasions. On two, turning slowly was uncomfortable too. On the third, I was not sure whether turning changed it."

Baseline comparison: At the first interview, movement speed was unknown and no count was available. The new diary provides three described occasions over a stated week. It still does not establish overall frequency, severity or a reliable trend.

Other influences: The fictional student notes that work hours and sleep also varied; their relationship to the complaint is unknown. No causal attribution is made.

Source decision: Keep the broad "motion - of head" path as a candidate only. The diary does not support the "sudden" child. One uncertain occasion is retained rather than discarded to improve the match.

Clinical coordination: This teaching example contains no clinical examination or complete risk assessment. It therefore supplies no decision to wait, treat or change medicines. In an actual record, enter the responsible clinician's assessment, actions and safety instructions.

Next documentation task: Clarify the unresolved location and sensation, use the same observation definitions at the next review, and preserve the original interview alongside the new diary. Do not overwrite the earlier uncertainty.

Try the record in a practice workflow

Use the blank companion form to reproduce the separation of report, observation and source interpretation. In Similia, create a clearly named fictional case and enter the selected notes manually; then follow the first-case guide if you want to save an analysis. There is no document import feature attached to this download.

Free includes three new cases and three analyses per month; a training case uses those allowances. The Pro AI toolkit is optional and is not needed for this paper exercise.

Guide: similia.io/blog/homeopathic-case-taking-guide
Product continuation: similia.io/tutorials/create-your-first-case-and-analysis
Source exercise: similia.io/blog/boenninghausen-boger-repertory-method