Mahsa Asasi
Homeopathy and Wellness

Child History and Information

This intake form is a confidential health assessment tool, which will assist us with your treatment. Please take the time to answer the questions on this form as accurately as possible.

Contact Information:

Child's name: Date of visit:

Parent/Guardian's name:

Child's birthday: MM/ DD/ YYYY Age:____ Male / Female

Address Street Name:_____ Apt/Suite # _____

City: _____ Postal Code: _____

Home Tel : (___) ___ ___ Mobile: (___) ___ ___ Work Tel : (___) ___ _____

Email address: _____@_____

In Case Of emergency who would like us to contact?

Name: _____ Relationship: _____ Tel: (___) ___ ____

Family Physician Name: _____ Phone number: (___) ___ ____

Has your child been treated by a homoeopath before? Y ¨ N

How Did You Hear About Our Homeopathic Clinic? Internet¨ Newspaper¨ Referred By:_____ Other?

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Current Health Concerns please:

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Can you trace the origin of the present illness to any particular Circumstance, Accident, Illness, Incident Or Mental Upset. (E.g. Shock, Trauma, Worry, Errors In Diet, Overexertion, Overexposure To Cold, Heat Etc)?

Medical History:

Please list any major surgeries that your child has had in the past.

Has your child had any major injuries?

Has your child been vaccinated? Y ¨ N ¨ If yes, any adverse reaction?

Date of last annual physical exam /blood test:

Does your child have any Internal Pins/Wires, Artificial Limbs, Special Equipment? Y ¨ N ¨
Please explain:

Any allergies/sensitivities (foods, drugs, pets, seasonal, etc.):

List of medications & nutritional supplements including homeopathics:
1.
_____
2.
_____
3.

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Child's Birth History

Birth Weight:_____ Rh Blood Problems?_____
Any complications during and/or after delivery?

Number of hours in labour:
Was the delivery:
□ Normal □ Premature □ Caesarean □ Forceps aided □ At home □ In hospital □ Drug aided □ Difficult
Was the child breastfed? _____ If yes, for how long?____ If No, Type of formula used?

Mother's Pregnancy History

Did you have any problems conceiving?_____pregnancy?_____

Did you experience any of the following?
□ Anaemia □ Fatigue □ Nausea □ Vomiting

Did you use any of the following during pregnancy?
□ Alcohol □ Antibiotics □ Cigarettes
□ Iron supplements drugs □ Recreational □ Sedatives
□ Sleeping pills □ Other _____

Did you undergo x-rays? _____ Ultrasound?

How much weight did you gain during pregnancy?

Did you have any food cravings or aversions during pregnancy? If yes, what were they?

During the pregnancy, did you suffer any shocks, traumas, or losses? If yes, explain_____

Special diet? Y ¨ N ¨ Explain: _____

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Child information:

Has your child experienced any Stress, Trauma, Loss or Life Changing Trauma in life?

Please check which of the following substances your child are currently using.

Alcohol how much?_____ Recreational drugs how much?

Sleeping pills how much? _____ Laxatives/Purgatives how much?

Pain killers how much? _____Cigarettes how much?

Coffee or tea? How much? _____ Laxatives/Purgatives how much?_____¨

General energy level out of 10 (1=lowest, 10=highest): 1 2 3 4 5 6 7 8 9 10

What time of day is it highest? _____ Lowest?

Special diet? Y N Explain: _____

Details about your Child's symptoms:

What triggers the symptoms (mental, emotional and physical symptoms)?

Does anything make the symptoms unique?

What makes the symptoms better (i.e. hot/cold, eating, sleep, time of day)?

What makes the symptoms worse?

Is the child affected by the weather? How?

Perspiration (odour, night sweats, profuse)?

Body temperature:

Is there anything else regarding the child's overall condition that we should know?

Child History and Information

Family History:

Please mention any specific ailments which may be present in your family history:

Relationship	Age	Disease if any	age at death, if deceased	Cause of Death
Mother				
Maternal grandmother				
Maternal Grandfather				
Father				
Paternal grandmother				
Paternal grandfather				
Sister(s)				
Brother(s)				

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Is there anything else that you feel that hasn't been addressed on this form?