



CHILD'S PATIENT INFORMATION

DATE OF FIRST APPOINTMENT:

Name		
Date of Birth		Male/Female (Delete as appropriate)
Address		
Parents' Names	Mother:	Father:
Parent's Occupations		
Telephone home		
Telephone work		
Telephone mobile		
Email		

Reason for seeking homeopathic treatment now:

Has your child seen a homeopath before?

If yes, for approximately how long?

For what condition were they being treated?

Please list any homeopathic remedies your child has taken in the past:

Is he/she being treated by any other complimentary health practitioners at present? If yes, please give details.

GP's name	
Address	
Telephone	
Current medication	
Give details of any allergies:	



PERSONAL HEALTH HISTORY

Please fill in this section giving as much information as possible, including dates, or your child's age at the relevant points in time.

Childhood infectious diseases:
Vaccinations, dates received and any adverse reactions: (you may bring a copy of the relevant pages of your child's Red Book to the appointment)
Major surgical procedures:
Accidents and injuries:
Is your child generally hot or cold? (do they kick the bed sheets off at night or wear jumpers in the summer?)
Please describe your child's preference for a particular type of weather or environment.
Please describe any food or drink which your child strongly desires or dislikes. Do any foods upset him/her?
Does your child have any strong fears or phobias?

FAMILY MEDICAL HISTORY

Please describe any diseases suffered by members of your family, even if they are not serious, and causes of death, if known.

Mother	Father
Brothers/Sisters	
Aunts/Uncles	Aunts/Uncles
Maternal Grandmother	Paternal Grandmother
Maternal Grandfather	Paternal Grandfather



MEDICAL HISTORY OF PARENTS PRENATALLY AND DURING PREGNANCY

Please give information below regarding major illnesses suffered, surgical procedures undergone, or medication taken by either parent before conception, or by the mother during the pregnancy. Please include approximate dates.

	MOTHER	FATHER
ANTENATAL		
Illnesses		
Surgery		
Medication		
PREGNANCY		
Illnesses		
Surgery		
Medication		

Is there any other information you would like to share with me before we meet?

