





**Please list any hospitalizations or surgeries:**

**Date:**

_____	_____
_____	_____
_____	_____
_____	_____

Current Age: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Current Height: \_\_\_\_\_

**Breast Feeding:**

Was your child breast fed? Y/N Dates: \_\_\_\_\_

Was formula used? Y/N Dates: \_\_\_\_\_

**Temperature:** Warm Normal Cool

**Perspiration:** Profuse Normal Scant Where? \_\_\_\_\_

**Bowel Habits:**

Number of BM: \_\_\_\_\_ per Day/Week (please circle)

Consistency (circle all that apply): Soft Formed Watery Other: \_\_\_\_\_

Describe Colour: \_\_\_\_\_ Undigested foods? Y/N

**Sleep:**

# of hours in 24 hours: \_\_\_\_\_ # of hours during night: \_\_\_\_\_

What is the longest period of time that the child sleeps through? \_\_\_\_\_

Does the child nap during the day? Y/N For how long? \_\_\_\_\_

**Energy Level:**

1 2 3 4 5 6 7 8 9 10  
Very Low Very High

Does this change throughout the day? Y/N How? \_\_\_\_\_

Is this a change? Y/N If so, since what age? \_\_\_\_\_

**Diet:**

(please describe an average day)

**Who cooks for your child?** \_\_\_\_\_

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

**What is your child's appetite like?** High Normal Low

**Is this a change?** Y/N

Any cravings? \_\_\_\_\_

Any dislikes? \_\_\_\_\_

Sensitive to any foods? \_\_\_\_\_

**Beverages (amount):**

**What is your child's thirst like?** High Normal Low

Water: \_\_\_\_\_ Coffee: \_\_\_\_\_ Tea (type): \_\_\_\_\_

Soft Drinks: \_\_\_\_\_ Juice (type): \_\_\_\_\_ Other: \_\_\_\_\_

**Environment (please check all that apply):**

Second Hand Smoke      Pets      Home Renovations      Family  
 Stress  
 Have you moved?      Y/N      Age(s): \_\_\_\_\_  
 Are the parents divorced or separated?      Y/N      Since When? \_\_\_\_\_  
 Who has legal custody? \_\_\_\_\_  
 How much time is spent with each parent? \_\_\_\_\_  
 Nanny? Y/N      Since what age? \_\_\_\_\_      How often? \_\_\_\_\_

**Immune System:**

How often does your child get a cold? \_\_\_\_\_  
 # of times treated with Antibiotics? \_\_\_\_\_ Why? \_\_\_\_\_

**Frequent:** Sore Throat    Ear Infections    Cold Sores    Canker Sores    Urinary Tract Infections  
**Chronic:**    Cough      Sinus Infections      Asthma      Itching  
**Rash:**      Eczema      Psoriasis      Cradle Cap      Other: \_\_\_\_\_  
**Other:**      Poor Wound Healing      Anemia      Easy Bruising

Allergies: \_\_\_\_\_ (seasonal, drugs, animals, foods)  
 Has your child used probiotics (Acidopholous, Bifidus) in the past?      Y/N

**Development**

Grade: \_\_\_\_\_      # of Children in class: \_\_\_\_\_      # of Teachers: \_\_\_\_\_  
 Any current special class placement? \_\_\_\_\_  
 How well is the child doing in the classroom (include behaviour & performance)?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your childs' behaviour (please indicate if different in various locations, ie home, school, grandparents, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please mark any conditions that your child has experienced or was diagnosed with:**

Condition	Age	Condition	Age	Condition	Age
Rash		Eye Infections		Pneumonia	
Eczema		Colic		Flu	
Rubella		Abdominal Pain		Chronic Colds	
Mumps		Diarrhea		Sinus Infections	
Chicken Pox		Constipation		Bed Wetting	
5 <sup>th</sup> Disease		Asthma		Headaches	
Measles		Whooping Cough		Fractures/Sprains	
Allergic Reactions		Croup		Learning Disabilities	
Ear Infections		Bronchitis		Other: _____	

**Family History:**

Disease	Mother	Father	Sibling Age: _____	Sibling Age: _____	Sibling Age: _____	Maternal Grand parents	Paternal Grand parents
Heart Disease							
High Blood Pressure							
Diabetes (indicate type)							
Clotting Disorders (indicate type)							
Cancer (indicate type)							
Psoriasis							
Eczema							
Allergies							
Asthma							
Thyroid Disease (indicate type)							
Bowel Disorders							
Arthritis							
Multiple Sclerosis							
Alcoholism							
Anxiety							
Depression							
Deceased? (Age & Reason)							

**Informed Consent**

I would like to take this opportunity to welcome you and your child my practice. I utilize the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body’s own ability to heal and to improve the quality of life and health through natural means.

Your practitioner will conduct a thorough case history. If you are working with a naturopathic doctor a physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up.

Please give us 24 hours notice if you cannot make it to your appointment so that a **late cancellation fee** will not be charged to your account.

**Statement of Acknowledgement**

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

Parent or Guardian’s Name: \_\_\_\_\_

As the parent or guardian of a patient of this clinic, I have read the information and understand that the form of medical care is based on Naturopathic and other supportive principles and practices. I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications, and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy (of the breastfeeding mother); and all medications, including over the counter drugs and supplements taken by the child (& the breastfeeding mother). The slight health risks of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from venipuncture or acupuncture; muscle strains and sprains, disc injuries from spinal manipulations.

I also confirm that I have the ability to accept or reject the care of my child by my own free will and choice, and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. I accept full responsibility for any fees incurred during the care and treatment of my child.

**Signature of Parent or Guardian**

**Date**

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**Witness**

**Date**

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