HOMEOPATHIC CONSULTATION

PEDIATRIC Intake form #1

Date Form Prepared:		Prepared by:	

Patient CONTACT INFORMATION

PATIENT'S NAME						
Patient's MOTHER:						
Patient's FATHER:						
PREFERRED PARENT CONTACT, TICK ONE	Mother	☐	Father	☐		
Address of parent with whom child is living:	Street/#		City		Postal code	
Parent Contact tel. # HOME:	Mother		Father			
Parent Contact tel. # OTHER:	Mother		Father			
Parent Contact E-Mails	Mother		Father			
Family M.D.:	Name		Tel #			
Referred by:	Name		Title			

Patient INTAKE FORM

PERSONAL ATTRIBUTES	DETAILS					
Date of Birth:						
Gender:						
Hair Color:						
Eye Color:						
Patient's Birth Weight:						
Patient's Weight Recent History:	Current		Highest Recent		Lowest Recent	
Mother's Age At Child Birth:						
Mother's Health During Pregnancy (List any bleeding; nausea; illness; physical or emotional trauma; hypertension; diabetes; alcohol, drug or cigarette consumption; other):						
Birth History	FULL TERM (tick)	☐	PREMATURE (days)		LATE (days)	
	Weight at Birth		Length of Labor (days)		Complications	

PERSONAL ATTRIBUTES (continued)	DETAILS					
Patient Development History	Age began SITTING		Age began CRAWLING		Age began WALKING	
	Age FIRST WORDS		DID YOU BREAST FEED		Breast Feed HOW LONG	
	Breast Feed Formula?		Breast Feed Milk/Soy Other?		Patient's Food intolerances as a baby & age began solid food	

MEDICAL HISTORY	DETAILS		
CURRENT Major health concerns in ORDER OF IMPORTANCE (Highest FIRST)	**Concern**	**Since**	**Causes**

MEDICAL HISTORY Continued	DETAILS		
CURRENT Medication the Patient is taking	MEDICATION	Since	Adverse effects

Which Of The Opposite CONDITIONS Has The Patient Experienced?	Abscesses	☐	Anemia	☐	Asthma	☐
	Chicken Pox	☐	Cold Sores	☐	Colic	☐
	Ear Infections	☐	Eczema	☐	Frequent Colds	☐
	Influenza	☐	Measles	☐	Mononucleosis	☐
	Mumps	☐	Parasites	☐	Pneumonia	☐
	Rheumatic Fever	☐	Strep Throat	☐	Scarlett Fever	☐
	Skin Ailments	☐	Sinusitis	☐	Rubella	☐
	Sun Stroke	☐	Tonsillitis	☐	Thrush	☐
	Travel Sickness	☐	Tuberculosis	☐	Thyroid Fever	☐
	Warts	☐	Whooping Cough	☐	Worms	☐
	ANY OF THE ABOVE CONDITIONS WHERE THE PATIENT HAS NOT BEEN TOTALLY WELL AGAIN?					
	ANY OTHER MAJOR CONDITIONS?					

MEDICAL HISTORY Continued	DETAILS		
Major OPERATIONS/ INJURIES	OPERATION/INJURY	When	Complications

VACCINATION History	Measles	☐	Mumps	☐	Rubella/German Measles	☐
	Chicken Pox	☐	Whooping Cough	☐	Meningitis	☐
	Hep B	☐				
	ANY ADVERSE REACTIONS TO THESE VACCINATIONS?					
Any Other Information						

FAMILY MEDICAL HISTORY	DETAILS					
Which Of The Opposite Ailments Have Affected The Patient's Relatives? **(Tick Boxes)**	Alcoholism	☐	Allergies	☐	Arthritis	☐
	Cancer	☐	Depression	☐	Diabetes	☐
	Epilepsy	☐	Gonorrhea	☐	Gout	☐
	Heart Disease	☐	Mental Illness	☐	Paralysis	☐
	Pneumonia	☐	Skin Disease	☐	Syphilis	☐
	Tuberculosis	☐				

FAMILY MEDICAL HISTORY Continued	DETAILS			
History Of Relatives	Relative	AGE If Alive	Age At Death	Ailments
	Mother			
	Father			
	Brothers			
	Sisters			
	Maternal Grandmother			
	Maternal Grandfather			
	Maternal Uncles/Aunts			
	Paternal Grandmother			
	Paternal Grandfather			
	Paternal Uncles/Aunts			