

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ (M) (D) (Y)

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Who is your child's pediatrician (or family Medical Doctor)? \_\_\_\_\_

1. What is your chief concern about your child's health? \_\_\_\_\_

\_\_\_\_\_

2. What else would you like to see changed in his/her health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Who diagnosed the condition in #1? \_\_\_\_\_

your pediatrician \_\_\_\_\_ a specialist \_\_\_\_\_ other \_\_\_\_\_

Please list specialists consulted for the above condition.

\_\_\_\_\_

\_\_\_\_\_

4. What was the level of health of both parents prior to conception?

Father: poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

Mother: poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

5. What was the level of health of the mother during pregnancy?

Poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

6. What supplements did you take during your pregnancy? \_\_\_\_\_

\_\_\_\_\_

7. Did you smoke during pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, how many cigarettes per day? \_\_\_\_\_)

8. Did you drink alcohol during your pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, indicate beverage, amounts, and frequency)

9. What medications were you on during pregnancy?  
Prescribed \_\_\_\_\_

Over the counter \_\_\_\_\_

10. Would you say your diet during pregnancy was:  
poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

11. How was the birth of this child? Indicate if there were any complications.

12. Was the baby nursed after birth? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for how long was the baby nursed? \_\_\_\_\_

13. What was the first liquid, apart from water, introduced after the baby was weaned (or what was he/she started on if not nursed)?

14. What solid foods were started prior to 6 months of age?

Food	At what month
_____	_____
_____	_____
_____	_____
_____	_____

15. What additional foods were introduced from 6 months of age to 9 months of age?

Foods	At what month
_____	_____
_____	_____
_____	_____

16. What level of health did the baby have in the first six months?  
poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

17. Did your baby have colic?  
never \_\_\_\_\_ occasionally \_\_\_\_\_ often \_\_\_\_\_ severe \_\_\_\_\_

18. What vaccinations has your child had?

Vaccination	Age	Adverse Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. What was your child's first illness that was given medical attention?

Illness	Age	Treatment
_____	_____	_____

20. What childhood diseases has your child had? Indicate if it was mild, average or severe.

	Yes/No	Age	Severity
Roseola	_____	_____	_____
Rubella (German measles)	_____	_____	_____
Rubeola (Measles)	_____	_____	_____
Chicken Pox	_____	_____	_____
Mumps	_____	_____	_____
Scarlet Fever	_____	_____	_____
Pertussis (Whooping Cough)	_____	_____	_____
Strep Throat	_____	_____	_____
Impetigo	_____	_____	_____
Mononucleosis	_____	_____	_____

21. How many times has your child been treated with antibiotics? \_\_\_\_\_

22. List all medications your child has taken in the past. If antibiotics, please give the type.

Age	Illness	Medication	Adverse Reaction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. What medications is your child on now?

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

24. What supplements does your child take on a regular basis?  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Please give a brief history of the present health concern, giving age of onset, first symptoms and present symptoms.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
26. What are your observations about your child's temperament?  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Was your child's physical development:  
 slower than average \_\_\_\_\_ average \_\_\_\_\_ faster than average \_\_\_\_\_
28. Was your child's mental/emotional development:  
 slower than average \_\_\_\_\_ average \_\_\_\_\_ faster than average \_\_\_\_\_
29. How is your child's behavior and performance at school?  
 \_\_\_\_\_  
 \_\_\_\_\_
30. Are this child's natural parents:  
 Married \_\_\_\_\_ Common law \_\_\_\_\_ Separated \_\_\_\_\_  
 Divorced \_\_\_\_\_ Remarried \_\_\_\_\_
31. Does any member of the household smoked? Yes \_\_\_\_\_ No \_\_\_\_\_
32. Are there brothers and/or sisters?  

Name	Age	State of health
_____	_____	_____
_____	_____	_____
_____	_____	_____
33. What was the mother's emotional state during pregnancy?  
 excellent \_\_\_\_\_ stable \_\_\_\_\_ stressed \_\_\_\_\_ very stressed \_\_\_\_\_
34. What form of heating do you have presently?  
 oil \_\_\_\_\_ electrical \_\_\_\_\_ gas \_\_\_\_\_
35. What is the emotional climate of the child's home presently?  
 very stable \_\_\_\_\_ stable \_\_\_\_\_ stressful \_\_\_\_\_ very stressful \_\_\_\_\_

**FAMILY HISTORY**

36. Please indicate the age of all relatives living and indicate the age at which any family member became deceased. (L=living, D=deceased).

Grandmother (maternal) L \_\_\_\_\_ D \_\_\_\_\_  
Grandfather (maternal) L \_\_\_\_\_ D \_\_\_\_\_  
Grandmother (paternal) L \_\_\_\_\_ D \_\_\_\_\_  
Grandfather (paternal) L \_\_\_\_\_ D \_\_\_\_\_  
Father L \_\_\_\_\_ D \_\_\_\_\_ Mother L \_\_\_\_\_ D \_\_\_\_\_  
Brothers L \_\_\_\_\_ D \_\_\_\_\_ Sisters L \_\_\_\_\_ D \_\_\_\_\_  
L \_\_\_\_\_ D \_\_\_\_\_ L \_\_\_\_\_ D \_\_\_\_\_

Indicate if there have been any of the following diseases in Grandparents, parents, or brothers and sisters. Indicate the number of relatives who have/had the disease.

Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_ Heart Disease \_\_\_\_\_  
Mental Illness \_\_\_\_\_ Alzheimer's Disease \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Arthritis \_\_\_\_\_ Hypertension \_\_\_\_\_  
Allergies \_\_\_\_\_ Goiter \_\_\_\_\_ Rheumatism \_\_\_\_\_  
Kidney Disease \_\_\_\_\_ Stomach Disorders \_\_\_\_\_

Do either the child's mother or father have a chronic illness? What is their general state of health?

Mother \_\_\_\_\_  
\_\_\_\_\_  
Father \_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out the requested information. It will help greatly in our study of your child's present health and will assist us in choosing an appropriate direction for his/her restoration to health.