



## Children's Health Questionnaire

(For 5 years and under)

*Please attach any relevant pathology results including blood tests, ultrasound and medical reports. These can be requested by you from your GP or specialist and should be organised prior to your appointment.*

Date of Consultation: \_\_\_\_\_ Referred by: \_\_\_\_\_

### **General Information**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please list any allergies your child has:

\_\_\_\_\_

Please list any medical conditions your child has been diagnosed with:

\_\_\_\_\_

Please list any medications or supplements your child takes:

Medication/supplement	Dosage

What is the main reason for seeing your naturopath?

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

Type of birth: (please describe whether vaginal or C-section and any interventions used. eg forceps, suction) \_\_\_\_\_

Was Mum diagnosed with Strep B and given antibiotic therapy during birth?

\_\_\_\_\_

Number of courses of antibiotics used since birth and reason for use?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Breastfeeding experience: please describe if your child was breastfed, for how long and did mum use any antibiotics during that time?

\_\_\_\_\_

\_\_\_\_\_

If formula fed, what formula was used? Cows milk, goats milk, soy milk, low allergy formula? \_\_\_\_\_

How often does your child pass a bowel motion? \_\_\_\_\_

If on solids please give an example of an average days diet:

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

Morning tea: \_\_\_\_\_

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

Afternoon tea: \_\_\_\_\_

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

Desert: \_\_\_\_\_

Fluids: \_\_\_\_\_

Cravings/ Aversions \_\_\_\_\_