**Children’s Health Questionnaire**

For children 4 years and under.

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

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| **Date of Consultation** |  |
| **Child’s Name** |  |
| **Parents’ Names** |  |
| **Address** |  |
| **Email** |  |
| **Referred by** |  |
| **Telephone** | **H:****W:****M:** |
| **DOB** |  | **Age:**  |
| **Allergies** |  |

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| **Please list any medications or supplements your child takes:** |
| **Medication/Supplement** | **Dosage** |
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| **What is the main reason for seeing your naturopath?** |
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| **Please list any medical conditions your child has been diagnosed with:** |
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| **Type of birth (please describe whether vaginal or C-section, and any interventions used (e.g. forceps, suction):** |
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| **Was Mum diagnosed with Strep B and given antibiotic therapy during birth?** |
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| **Number of courses of antibiotics used since birth and reason for use:** |
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| **Breast-feeding experience: Please describe if your child was breast-fed, for how long and did Mum use antibiotics during that time?** |
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| **If formula fed, what formula was used (cow’s milk, goat’s milk, soy milk, low allergy formula etc)?** |
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| **How often does your child have a bowel motion?** |
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| **If on solids, please provide examples of your child’s average daily diet:** |
| **Breakfast** |  |
| **Morning tea** |  |
| **Lunch** |  |
| **Afternoon tea** |  |
| **Dinner** |  |
| **Dessert** |  |
| **Fluids** |  |
| **Cravings** |  |
| **Aversions** |  |

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| **Would you like to go on our email list to keep up-to-date with our clinic news (including workshops, recipes and other news)?** |
| **YES or NO:**  |

Please email this questionnaire back to us at admin@phf.healthcare before your appointment. Thank you.