Please answer the following questions in as much detail as possible, this will help me to form a clear picture of your child. All your answers are completely confidential, if you have any questions about this form, please call me on **07841 590930** or e-mail me at **katysizeland@gmail.com**.

**Instructions:**

* Under each of the questions is an area where you can type your answer and write as much as you like, the form will simply expand to provide as much space as needed.
* Please send either as an e-mail attachment or print out and post to my address (details at the end of the questionnaire).

**Child’s details**

Name:

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Date of birth:

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Address:

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Home & mobile phone numbers:

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E-mail address:

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GP name and address:

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Parents (names and ages) and relationship status of parents:

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Siblings (names and ages):

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**Reasons for seeking homeopathy**

Please describe the presenting condition in as much detail as possible. Including any details about your child you would rather not say in front of them, i.e. fears, difficult character traits… thank you.

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When did it start?

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Any factors you know that may have contributed to the onset of the condition?

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Are you aware of anything that makes it better?

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Are you aware of anything that makes it worse?

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Is there any time during the day that it is better or worse? Any activities that affect it?

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Any other symptoms, even un- related?

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**Medical history**

Birth weight:

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Please outline your child’s medical history; including operations, accidents, serious illnesses, any drugs given to your child, e.g. courses of antibiotics:

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Any childhood ailments, e.g. cradle cap, nappy rash?

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Vaccinations (please list), including any reactions to vaccinations or any medical drugs?

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Any known allergies?

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Any injuries?

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Any cold sores, warts and/or mouth ulcers?

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Any current medications or supplements? If so please give details:

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At what age did crawling begin?

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At what age did walking occur?

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Any what age did dentition start?

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Is there any family history of cancer, heart disease, diabetes, asthma or other serious illnesses? (Please consider parents, grandparents and siblings):

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**Pre Conception**

Was either the mother of father struggling with health?

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Was either mother or father on any medication?

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Details of the pregnancy:

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Was mother on any medication or have any trauma / extra stresses during pregnancy?

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Details of birth – please describe the birth:

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Any drugs needed by mother or other interventions?

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Was the pregnancy natural or IVF etc?

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Was the pregnancy full term?

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Any cravings during pregnancy?

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Any other changes during pregnancy?

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**Food and drink – if age appropriate**

What are their favourite foods?

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Do they prefer meat to fish?

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What is their favourite meat?

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What foods or flavours do they dislike?

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Is there any preferences – salt / spice / sweet / sharp?

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Are they a thirsty child?

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Preferred drinks?

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Do they have a sweet tooth?

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**Sleep pattern**

What is their sleep pattern?

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Position of sleep?

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Any problems with sleep?

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Do they suffer from nightmares/night terrors? If so what of?

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Do they snore, talk, walk or grind teeth?

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**Physicals**

What is their body temperature like - hot or cold person?

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Do they perspire much? If yes where from?

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What is their best time of the day energy wise?

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What is their worst time of the day energy wise?

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Any major traumatic events? (Birth of a sibling, house moves, school moves, parental injuries, parental stresses etc)

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**Temperament /Character**

Do they have any fears or phobias (such as the dark, heights, insects, being alone, flying, tunnels, fair grounds etc)?

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Please write me a detailed description of your child’s personality considering the below questions:

Are they friendly?

Are they curious?

What upsets them?

What startles them?

How easily do they go to sleep?

Are they comfortable in themselves?

How are they with strangers?

How do they cope with change?

What are their favourite places and environments?

How are they if they are hungry?

Potty training - how is it or was it?

What makes them irritable?

What do they enjoy doing?

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Please tell me anything else that is relevant?

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**CONSENT TO HOMEOPATHIC TREATMENT**

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| --- |
| **I confirm that I request Homeopathic treatment. I confirm that I understand use and storage of data to record treatment and consulting sessions. I give my permission to collect, handle and store my personal details for treatment and appointment purposes in accordance with the GDPR guidelines.**  **Signed: Date:**  **Relationship to child:** |

**Thank you very much for completing this form.**

**Please return via e-mail to, katysizeland@gmail.com**

**or by post to, 43 Davids Lane, St Ives, Ringwood, Hampshire, BH24 2AW**