

Child's Name :
Address:
Telephone:
Email :
D.O.B :
Siblings' -names and ages

Presenting condition (in detail):

When it started

Any factors that may have contributed to the onset of the condition

What makes it better that you are aware of?

What makes it worse that you are aware of?

Is there a time in the day when it is worse?

Are there any activities that affect it?

Any other symptoms at all , even unrelated?

Any past medical history (full details)?

Details of birth and pregnancy - drugs needed by mother, any other interventions?

- Was the pregnancy full term?
- Was conception natural or IVF etc?
- Any ailments, stresses, or injuries during pregnancy?
- Any cravings during pregnancy?
- Any other changes during pregnancy?

Birth Weight:

Childhood ailments

Any cradle cap?

Any nappy rash?

Which vaccinations?

Any reactions to vaccinations or any medical drugs?

Any known allergies?

Any injuries?

All other medical conditions

At what age did crawling begin?

At what age did walking occur?

At what age did dentition start?

Any cold sores?

Any warts?

Any mouth ulcers?

Any medication?

If so, what?

Any family history (cancer, heart disease, diabetes, asthma etc) ?

What are your Favourite foods? (obviously only applies to children after a certain age).

Favourite meat?

Do you prefer meat to fish ?

Dislikes :

Is there any preference for:

salt?
spice?
sweet?
sharp?

Thirst?
Preferred drinks?

Body temperature?

Best time of day?

Worst time of day?

Sleep pattern :
Position of sleep?

Any problems with sleep?

In your sleep, do you:
snore?
talk?
walk?
grinding teeth?

Do you have any nightmares? If so, what of?

Any fears (dark, heights, spiders, thunderstorms, fairgrounds, tunnels, flying etc)?

Any major traumatic events?

Delivery, birth of siblings, house moves, school moves, injuries, parental issues, parental stress etc

Temperament / Character : please write me a detailed description of your child's personality.

Friendly?

Curious?

What upsets them?

What startles them?

How easily do they go to sleep?

What disturbs their sleep?

What are their favourite places? Environments?

Are they comfortable by themselves?

How are they with strangers?

How do they cope with change?

How did they cope with teething? Pain?

How are they if they are hungry?

Potty training? How is it? Or was it?

And anything else that is relevant?

Either return by email , or send by post to

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