Head to Toe
Chiropractic and Wellness Centre

Naturopathic Consultation Child Intake Form

Date: _____

Name: _____ Age: _____ Date of Birth: _____ Gender: M F

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work/Cell Phone: _____

Name of Parent(s)/Guardian(s):

_____

Contacts (in order of preference)

Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Cell Phone: _____ Email: _____

Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Cell Phone: _____ Email: _____

Whom does the child live with? _____

Other Health Care Providers (name and phone numbers):

1. _____ Phone: _____
2. _____ Phone: _____

Permission to contact health care provider(s), if necessary? Y N

How you heard about the naturopathic services at this office: _____

Referred by: _____

Current Health Conditions

What are the child's health concerns? Please list in order of importance:

1. _____
2. _____

3. _____

4. _____

Has anything changed recently or become worse? _____

Medical History

How is the child's health in general? ❑Excellent ❑Good ❑Fair ❑Poor

How was the child's health in the first year? ❑Excellent ❑Good ❑Fair ❑Poor ❑Unknown

Please indicate any serious conditions, illnesses, injuries and hospitalizations, with approximate dates.

_____

Does the child have any allergies? (drugs, environmental, food, etc.)?

_____

Please list all **current** medications (prescription, over-the-counter, vitamins, herbs, etc.)

Name (Brand)	Daily Dose

Which of the following has the child had? (0-never, 1-mild, 2-average, 3-severe)

❑ Whooping Cough
❑ Measles
❑ Chicken Pox
❑ Mumps
❑ Roseola
❑ Scarlet Fever
❑ Strep Throat
❑ Ear Infections
❑ Impetigo
❑ Mononucleosis
❑ Rubella (German measles)

Does the child regularly take antibiotics? ❑ Yes ❑ No

Please indicate which immunizations child has had:

❑ DPT (diphtheria, pertussis, tetanus)
❑ MMR (measles, mumps, rubella)
❑ Smallpox
❑ Pneumococcus
❑ Haemophilus influenza B
❑ "Flu"
❑ Polio
❑ Chicken pox
❑ Hepatitis A
❑ Hepatitis B
❑ Tetanus booster

Other vaccine(s): _____

Reactions to Vaccines (if any): _____

What screening tests has the child had from another doctor? (e.g. blood, hearing, vision)?

_____

Prenatal Health

What was the health of the parents *at conception*?

Mother: ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Unknown

Father: ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Unknown

How was mom's health *during pregnancy*? ❑Excellent ❑Good ❑Fair ❑Poor ❑Unknown

Mother's age at child's birth? _____

How was mom's diet during pregnancy? ❑Excellent ❑Good ❑Fair ❑Poor ❑Unknown

Did mom receive prenatal medical care? ❑Yes ❑No ❑Unknown

Did mom experience any of the following during pregnancy:

❑Bleeding ❑High Blood Pressure ❑Nausea ❑Vomiting

❑Diabetes ❑Thyroid Problems ❑Physical/emotional trauma

Other: _____

Did mom use any of the following during pregnancy:

❑Tobacco ❑Alcohol ❑Recreational Drugs: _____

Prescription medications: _____

Over-the-counter medications: _____

Supplements: _____

Others: _____

Birth History

Term length: ❑Full Term ❑Premature (by ____ wks) ❑Late (by ____ wks)

Length of Labour: _____ Weight at birth: _____

Any complications: _____

Type of Birth: ❑Vaginal ❑C-section ❑Induced ❑Forceps ❑Anesthesia Used

Did the child experience any of the following shortly after birth?

❑Jaundice ❑Rashes ❑Seizures ❑Birth Injuries _____

Birth Defects _____

Other: _____

Personal Health Habits

Height: _____ Current weight: _____ Maximum weight: _____ When? _____

Water: _____ cups/day Purified water: Y N Tap water: Y N

Are there any food groups that the child avoids? Y N_____

Are there any food groups that the child eats a lot of? Y N _____

Does the child eat dairy products? Y N _____

On a scale of 1 to 10, with 10 being the highest, please rate the child's average stress level: _____

On a scale of 1 to 10, with 10 being the highest, please rate the child's energy level: _____

How many hours of sleep does the child get a night? _____ Does he/she wake up feeling rested? Y N

Does the child have trouble falling asleep? Y N If yes, please explain: _____

_____

Does the child get regular exercise? Y N Type: _____

Frequency and duration of exercise: _____

What extracurricular activities does the child participate in? _____

Does the child have any difficulties at school? _____

Diet

How was the child fed as an infant?

❑Breast Fed (until what age: _____) ❑Formula (milk/ soy/other): _____

Please list any food allergies/intolerances. _____

Does the child have any dietary restrictions (religious, vegetarian/vegan, health-related, etc.)?

_____

Personal Health History

Has the child ever had parasites that you are aware of? _____

Does the child travel regularly and if so, where? _____

How many times each year does the child get a cold, flu or bronchitis? _____

How many days is he/she you sick with it? _____

Family History

Please indicate if a close relative (parent, sibling, grandparent) has had any of the following:

	Who?		Who?
Allergies		Depression	
Juvenile Arthritis		Other Mental Illness	
Asthma		Kidney Disease	
Epilepsy		Diabetes	

❑ I don't know the family medical history

Do either of the parents have chronic illnesses? If yes, please describe: _____

Environment

Is the child in: ❑school ❑daycare ❑homecare ❑other: _____

Is the child regularly exposed to toxins or other hazards (home, work, hobbies)? Please describe:

_____

Is the child exposed to significant tobacco smoke (work, home, etc.)? Y N

Is the child frequently exposed to animals (work, pets, etc.)? Y N

Is there anything you feel is important that has not been covered?

_____

Confidentiality

Form Completed by: _____

Relationship to child: _____

Thank you for completing this form. The information provides valuable information that will be considered in determining the best naturopathic treatment available for this child. Please be aware that the information contained on these pages is strictly confidential. However, by law, disclosure of information indicating that this child is at risk for self-harm, may harm others, or may be harmed by others, must be reported to the appropriate authorities.