



## **Homeopathic Intake Form for an Infant and/or Young Child**

*Please complete the intake form to the best of your ability.*

<b>Overview of Personal and Family Information</b>		
Name of Infant/Child:		
Date of Birth:	Weight at Birth:	
Current Weight:	Current Height:	
Age:	Sex:	
Address:		
City:	Province:	Postal Code:
Daytime Phone:		
Email:		
Emergency Contact:		Phone number:
Name of Parent/Guardian 1:		Occupation:
Relationship to infant/child:		
Name of Parent/Guardian 2:		Occupation:
Relationship to infant/child:		
Name of Parent/Guardian 3:		Occupation:
Relationship to infant/child:		
Marital status of parents:		
Number of siblings:		Infant/Child's Birth Order:
Pets or animals living in the home:		
Has your child or anyone in the family used homeopathic medicine? Please provide the name, address and phone number of your homeopath:		
Do you have a medical physician? Please provide the name, address and phone number of your family physician:		

**Health Concerns**

Child/Infant's main Concern[s]:

What do you think caused this problem?

When do you observe this? What do you observe?

What helps make it better?

Does anything make it worse?

**Mother/Infant/Child's State during Pregnancy, Labour and Breast Feeding**

Please mention any changes during pregnancy in food and dreams:

Please describe the labour and the process:

Breast Feeding:

Is/Was the infant/child being breastfed?

How long?

Were there issues?

Please **list all and any** medications taken by the mother during pregnancy:

Medication 1 reason for taking it...

Medication 2 reason for taking it...

Medication 3 reason for taking it...

Medication 4 reason for taking it...

Medication 5 reason for taking it...

Any use of addictive substances during pregnancy, birth and/or breastfeeding

What is/was your experience of breastfeeding?

Did you have any injections during pregnancy, labour and breastfeeding?

Has your child had any substances injected into them?

Please list them as substance/date

Substance 1

Date:

<b>Has your child suffered any of the following illnesses/difficulties/injuries</b>	<b>YES Y</b>	<b>NO N</b>	<b>What medications and/or interventions were/are used?</b>
Feeding problems			
Growth problems			
Dentition problems			
Speech problems			
Hearing problems			
Visual problems			
Co-ordination problems			
Developmental problems			
Birth abnormalities			
Constipation			
Diarrhea			
Croup or whooping cough			
Chickenpox			
Skin rashes			
Eating disorders			
Worms			
Ear infections			
Behavioural problems			
Learning problems			
Eczema or psoriasis			
Sleep disorders			
Digestive problems			
Allergies			
Asthma			
Bedwetting			
Heart problems			
Nose bleeding			
Anxiety or nervousness			
Hyperactivity			
Jaundice as a newborn			
Jaundice later in life			
Autoimmune disease			
Birth defect or birth disease			
Diabetes			
Other			
Other			
Other			

<b>Observation: What do you observe regarding the following...</b>	<b>Please elaborate...tell me more [put N/A if not applicable]</b>
Level of affection	
Ways of sleeping	
Ways of being wrapped	
Ways of eating	
Ways of responding	
Levels of startling	
Tantrums	
Crying/weeping	
Anger	
Being carried	
Doesn't want to be touched	
Response to water	
Response to being put down	
Response to strangers	
Response to voice	
Response to being pleased	
Response to change	
Response to attention	
Response to familiar people	
Response to people	
Response to animals	
Response to light	
Response to dark	
Nail biting	
Grinding teeth	
Stomach gas	
Excessive scratching or pulling of skin	
Picking at body parts	
Eating unusual substances that are not food	
Scratches anus	
Food cravings	
Food intolerances	
Coldness on parts of body	
Temperatures – which parts are red	
Inclination to masturbate/touch genitals	
Favourite objects	
Obsessive behaviours	
Others	

### Extended Family History

Relationship	Age	Alive or deceased	Cause of death	Diseases
Mother				
Maternal Grandmother				
Maternal Grandfather				
Father				
Paternal Grandmother				
Paternal Grandfather				
Sisters				
Brothers				
Aunts				
Uncles				
Other				

Thanking you in advance. Wishing you good health and happiness always!