



The Barefoot Homeopath

Amy Page

636-748-0177

thebarefoothomeopath@outlook.com

Homeopathy Child Intake Form

Information considered confidential

I am aware that the amount of information requested is quite extensive. Please do not let it overwhelm or deter you, simply respond as best as possible and focus on what you consider the most relevant information pertaining to you. Again, please keep in mind that the more accurate and forthright the information, the more useful it will be to properly evaluate your case. You do not have to email the results; you can send it via mail. Email me for the mailing address.

Child Name: _____ Date: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Child Birth Date: _____

Emergency Contact: _____

Referred By: _____

Has your child received or are you familiar with homeopathic treatment? Y / N

If yes, when and what? _____

List ALL medications, vitamins, or herbs your child is currently taking, how



long has your child taken each substance, and why. _____

Please circle the descriptions that apply to your child:

Eyes: soft, sharp, fearful, hysterical, delicate, angry, irritable, dissatisfied,
painful, other: _____

Body: restless, slow, sensitive, clumsy, coordinated, other: _____

Behavioral Analysis

- Does the child prefer to play alone or with others? _____
- Is the child a follower or a leader? _____
- Does the child play with younger children or with peers? _____
- Is the child imaginative? _____
- Is the child competitive or aggressive? _____
- How does the child react to physical pain? _____
- How does she/he play with animals or toys? _____

a) roughly b) fearfully c) gently d) obsessed with a toy or blanket

Independence

- Is the child responsible? More adult like? _____
- How does she/he handle being alone? _____
- What is the child's reaction if she/he does not get what she/he wants?
- What is the child's reaction to strangers? _____

Patterns



- What are the child's sleep patterns? _____
- When is the child fed? _____
- When does the child play? _____

Mental & Emotional States

- Is the child very sensitive to pain, injury, noise, or touch? _____
- Does the child prefer to be carried? _____
- Is the child better or worse with attention or consolation? _____
- Is the child sensitive to other's pain, to parents' fighting, to weather, to movies, or to sad stories? _____
- Is the child easily startled? _____
- How does she/he get along with siblings? _____
- Has the family moved many times? _____
- Is there any alcoholism, drug use, or tension in the family? _____
- Is there fear of punishment by God? _____
- How is the child punished? _____
- When is the child punished? _____
- Is the child compared to siblings or parents? _____

Symptoms

- What is the most common facial expression of the child? _____
- Are the pupils dilated? _____
- Does the child's skin look healthy? _____
- Is there redness of the skin, such as the face? _____



- Does the child sweat? If yes, what part of the body sweats? Is the odor of the sweat offensive? _____
- Does the child have offensive breath? _____
- What is the child's reaction to light? _____
- Does the child have blood in her/his stool? _____
- What is the color of the stool? _____
- Strength
 - o How strong is the child's grip? _____
 - o How is the child's posture? _____
 - o How does the child hold his/her head? _____

Sleep

- Does the child have insomnia due to pain, fear, over-excitement, want of attention, or an overactive mind? _____
- Does the child wet the bed? _____

Is there anything you would like to add? Note: if you want to write a timeline from birth, that will assist in the process.