

Restore True Health Homeopathy

CLIENT INFORMATION - CHILD

Date:

Full Name:

Birth Date:

Parent Email:

Parent Phone #:

Address:

City:

State:

Zip code:

Age :

Height:

Weight:

Any Siblings, if so, list names and ages:

Check Box indicating vaccine received and write year received, if possible:

<input type="checkbox"/>	MMR (Measles, Mumps, Rubella)	<input type="checkbox"/>	Polio
<input type="checkbox"/>	Tdap (tetanus, diphtheria, pertussis)	<input type="checkbox"/>	Influenza (list years taken)
<input type="checkbox"/>	HPV (Human papillomavirus)	<input type="checkbox"/>	Chickenpox (Varicella)
<input type="checkbox"/>	Meningococcal	<input type="checkbox"/>	Covid (please provide # doses & brand taken)
<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	Small pox
<input type="checkbox"/>	Dengue	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Rotavirus
<input type="checkbox"/>		<input type="checkbox"/>	Other:

Family medical history (parents & grandparents on both sides):

Personal medical history & any past surgeries:

Current OTC medications, doctor prescriptions and supplements taking:

When was the child's last high fever (above 101.3)? What were the symptoms at the time?

How often does the child experience a common cold? Does the cold resolve on its own or does it go into secondary infections?

Does the child suffer from any skin issues or had skin issues in the past?

Has the child ever suffered from a concussion? If so, how long ago?

How would you describe the child's personality?

What is the main reason you are seeking homeopathic care for the child?

Has the child ever used homeopathic remedies in the past? If so, which remedy and for what symptom and note which remedy (if any) the child seems to have the best response to:
