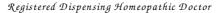
HEALTH QUESTIONNAIRE FOR HOMEOPATHIC TREATMENT (CHILD)



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First Name:		Gender:	MALE / FEMALE				
Middle Name(s):		Age:					
Surname:		Date of Birth:					
Name of Mother:		Birth - WEIGHT:					
Occupation:	C	Current - WEIGHT:					
Name of Father:		Current - HEIGHT:					
Occupation:							
Unmarried / Married / Separated / Divorced / Widowed							

PLEASE READ THROUGH ENTIRE QUESTIONAIRE BEFORE ANSWERING!

When answering, please note that it is in your best interests to give as much detail as possible, the more accurate and complete the information given the better I am able to help you.

Please describe pains as fully as possible, using words such as:

sharp, dull, jerking, boring, tearing, burning, bursting, pulsating, constricting, cramping, numb, numb yet with pain, cold, etc...

If pain moves from one part to another - name the parts/describe. Give the sensations in your own language no matter how simple, or even ludicrous. State what makes the pain *better* or *worse* - such as:

pressure, movement, rest, seated, standing, walking, heat, cold, food, sea-air, coition, time of day, time of year, bathing, taking a very hot shower, etc...

AS FAR AS POSSIBLE, PLEASE GIVE YOUR OWN UNIQUE *DESCRIPTION* IN YOUR REPLY, THE IMPORTANCE OF THE INFORMATION YOU GIVE IS IN THE *INDIVIDUALITY* OF YOURSELF AND NOT JUST A YES OR NO ANSWER.

		ANSWER
1	Colour of Eyes?	
	Hair:	
	Complexion:	

2 **Describe** your **MAIN COMPLAINT(S)**:

When did it begin?

What happened in the child's life around that time?

What makes it better or worse?

When is it better or worse, specify hour if you can?

What do you think caused it?

What other symptoms may accompany this main complaint?

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12 STOOLS: How frequently do you pass a stool?
Describe if: hard/watery/mixed with blood/mucus/
fat/undigested food, etc. colour, unusual smell?
Describe constipation / laxatives use
Do piles bleed or protrude? Any discharge?
Is there pain/itch, skin raw, inflamed?

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HEALTH QUESTIONNAIRE FOR HOMEOPATHIC TREATMENT (CHILD) 13 URINE: If painful, burning, frequent, involuntary/difficult. If there is pressure, sediment, odour, retention - give colour. Do you go at night? What time/s? 14 **GENITALIA**: Describe any pain, itch, discharge, swelling, skin eruptions etc. History of illness in this area: Female: Has menstruation begun? When? Describe? 15 **BACK:** Position of pain in shoulder, back, waist, seat or spine, better or worse for ...? 16 **LIMBS:** If pain, is it in: muscle, nerve, joint or skin & exact location better/worse for movement/rubbing / weather changes etc. 17 **SKIN:** If rough, itching, burning, dry or moist. Describe any strange sensations, eruption, rashes, inflammation, odour, sloughing State parts affected. 18 **PERSPIRATION:** Do you - at all? If so, where do you start perspiring from? And when exactly? Does it smell? A lot? Does it discolour clothing? What colour? 19 **GENERAL:** Do you feel better: Indoors or outdoors? In cool air or a warm room? When resting or moving about? At night or during the day? Time? In Summer/Autumn/Winter/Spring? When hot/cold? Wet/dry weather? At the seaside or inland/mountains? Describe your weekly physical exercise. 20 **SLEEP:** If restless, disturbed. When you waken - what time/s? What wakens you? Is it pain, worry, emotion, excitement, dreams? Are your troubles better or worse at night? What position do you sleep in? What do you dream about?

21 MENTAL SYMPTOMS: The symptoms of the Mind and Disposition ARE MOST IMPORTANT and should be carefully considered and reported. Give this section your particular thought.						
How would you describe your child?	· · · · · · · · · · · · · · · · · · ·					
Describe hanne describe and						
Describe hopes, dreams, desires and <i>fears</i> :						
rears.						
What does your child spend most of						
your time thinking/talking about? (And/or favourite activity)						
(And/or favourite activity)						
What is the most important aspect of						
your childs life and why?						
Describe 5 positive characteristics						
AND 5 negative characteristics about						
your child:						
If your child could change one thing						
about themself what would that be						
and why?						
What traits do so your shild like the						
What traits does your child like the least in <i>others</i> ?						
locat iii others:						
Are there any observations that others						
close to your child have commented						
on about them?						
How would you describe your child's						
emotional state?						
What is your religious belief?						
What role does this play in your life?						
22 Biography of your life: (give a de	scription of the important/significant/recurrent events in your life since birth to date.)					

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23 Have you suffered from any of the following?							
Rheumatic fevers		Scarlet fo			Glandular fever		
Typhoid		Cholera			Bilharzias		
Malaria OR prophylaxis		Mumps			Tumours / Cancer		
Diabetes		Measles			Whooping Cough		
Bronchitis		Pneumo			Heart Disease		
Sinusitis		Hepatitis			Yellow Jaundice		
X-ray, MRI, CT or Radio	ım/Cohalt 1	•			T Cliow dadridioc	1	
When last were you im			10:				
List all immunization re							
Do you smoke? For how		how man	v2				
Do you drink Alcohol? I)			
Describe any operation			w long				
Is your food cooked in a							
List & date all destination	•						
recently & in the past: (0							
			DIEME	NTC: Places	list full name and door	2001	
ALL CURRENT IN	IEDICATIO	N & SUP	PLEIVIE	<u>in 13.</u> Piease i	list full name and dosa	ige.	
25 Family Medical 8	Social His	storv: (Pl	ease als	so include anv	major family problems	s/issues)	
Mother:		<u> </u>				<u> </u>	
Mother's Mother:							
Mother's Father:							
Father:							
Father's Mother:							
Father's Father:							
26 Mother's PREGAM	NANCY wit	h you:					
What was your predon			te				
when pregnant with thi							
During the pregnancy,		fer any					
particular shocks or tra	umas or los	ses?					
Did you take <i>any</i> medic	cines or dru	gs?					
How did your food cravings and aversions							
change during pregnancy?							
Were there any particu		ations at					
birth?							
Caesarian or natural birth?							
27 ANY COMMENTS YOU MAY WISH TO ADD:							