

Homoeopathic Medical Questionnaire (Children)

This questionnaire may seem complex, tiresome, even confronting. We apologise; yet it is designed to help us assist you more effectively and less expensively. Don't feel compelled to answer everything, some questions may not be appropriate particularly for the younger child. Refer to these questions for explanation as you fill in the answer sheets.

1. **MAIN COMPLAINTS:** Describe the present problem(s), and their chronological development from onset. Include causative factors, investigations (tests) and treatment(s). Especially note any factors that make the complaints better or worse, or other complaints that come at the same time.
2. **OTHER PROBLEMS:** Describe all other current complaints - mental emotional and physical.
3. **PRESENT MEDICATIONS:** Describe and quantify please. Other Therapies
4. **ALLERGIES & SENSITIVITIES:** Summarise the disturbing substances and the child's reactions.
5. **IMMUNISATIONS:** Circle those the child had and any significant reactions.
6. **PARENTAL & FOETAL HISTORY:** Note significant physical or emotional factors occurring from conception until birth.
7. **MILESTONES:** Note age in months when first: teeth erupted, crawled, walked, spoke intelligible word.
8. **BREAST FED UNTIL:** What age?
9. **PAST MEDICAL HISTORY:** Record chronologically, include birth, abnormal development, illnesses, accidents, surgery.....
10. **FAMILY MEDICAL HISTORY:** Cancer, T.B., diabetes, asthma, recurrent infections, venereal disease, alcoholism, psychological problems....(Great)grandparents, parents, uncles, aunts, siblings.
11. **HOME SITUATION:** The people at home, relationship or housing problems.
12. **BIOGRAPHY:** Brief, chronological, dated, listing the events/experiences which have had major, formative, or disturbing effects upon the child
13. **MENTAL & EMOTIONAL:**
 - a) Where does he/she fit between the extremes of various character traits and emotions? Tick the most appropriate number(s) in each polarity: 2 - strongly or frequently; 1 - less marked or sometimes; 0 - nil to remark
 - b) Points to add or emphasise?
14. **SLEEP:** Favoured position (Lt/Rt side, back, abdomen)? Difficulty sleeping, excessive sleeping, yawning, sleepwalking, snoring, teeth-grinding, talking, laughing, perspiration, restlessness, unusually hot or cold in sleep?
DREAMS - recurring themes, emotional reactions, or dreams that have been particularly impressive?
15. **GENERAL PHYSICAL REACTIVITY:**
 - a) Circle from this list any which disturb the child.
 - b) Periodicity - do any of the complaints come at : the same hour, weekly, 2,3 or 4 weekly, annually?
 - c) Perspiration - excessive or little? Any particular part of the body? Prominent odour or consistency? At any particular time or circumstance?
 - d) Do your nails split or break easily? Wounds heal slowly or become septic?
16. **FOOD & DRINK:**
 - a) Does the child eat or drink more or less than others of that age; or have an unusual daily eating pattern?
 - b) Here we are looking for **how taste buds influence the child**, NOT for what you think is a healthy diet.
Which of the following foodstuffs are particularly **desired**, **disliked** or **upset** him / her:
sweet, chocolate, honey, sour, vinegar, pickles, salty, bitter, spicy, pepper, mustard, cloves, garlic;
meat, pork, ham, chicken, eggs, fish, oysters, shellfish, smoked foods, cheese, yoghurt;
fat from meat, butter, rich food;
bread, pasta, pastries, buckwheat;
sweet fruit, sour or unripe fruit, lemons, apples, oranges, pears, plums, bananas, strawberries, melons, nuts;
vegetables: potato, cucumber, onion, cabbage, aubergine, carrots, tomatoes, peas, beans, salads....
Foods: raw, dry, cold, ice, hot;
Drinks: cold, beer, wine, alcoholic, brandy, milk, hot, soup, coffee, tea.....
17. **Other Details:** Could there be anything else? Feel free to add it.

6. Parental & foetal History

Please leave FREE

7. Milestones: Teething

Crawling

Walking

Talking

8. Breast fed until

9. Past Medical History

10. Family Medical History

11. Home situation

12. Biography

13. Mental & Emotional

a) Tick appropriate space(s) between these polarities

	2	1	0	1	2	
Extroversion, talkative						Introversion, reserved
If upset, seeks consolation						Averse consolation/prefers alone
Affectionate						Averse to touch, detached
Sympathetic						Let others sort themselves out
Fearless, adventurous						Shy, lacks confidence/courage
Obstinate, aggressive						Easily influenced/submissive
Weeping easily/frequently						Never weeping, or only alone
Forgives & forgets easily						Brooding, dwelling on the past
Satisfied, content						Discontented
Industrious, ambitious						Lazy, persists in nothing
Impulsive, hurried, impetuous						sluggish, slow
Fastidious, conscientious						Untidy, chaotic
Trusting, naive						Jealousy, envy, suspicious
Excessive mood changes						Moods stable

b) Further characterisation:

14. Sleep

15. General Physical Reactivity: a) Circle disturbing influences:

Clothing: Loose / tight Weather: cold / hot wet /dry wind sun

Periodicity: Perspiration: Nails and wounds:

16. Food and Drink

Taste cravings:

Taste Aversions:

Disturbing foods: