EXPERIENCE HEALING HOMEOPATHY

body mind heart spirit

Laurie Hoffman, CCH, RSHom(NA)

CHILD INFORMATION FORM

TODAY'S DATE _____

NAME _____ BIRTHDATE _____ AGE _____ GENDER M F

MOTHER'S NAME_____ FATHER'S NAME_____

HOME ADDRESS _____ HOME ADDRESS_____

CITY_____STATE ____ ZIP_____ CITY_____STATE _____ ZIP_____

HOME PHONE _____ HOME PHONE _____
WORK PHONE _____ WORK PHONE _____
CELL PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____
OCCUPATION _____ OCCUPATION _____
SIBLINGS_____ AGE(S)_____ GENDER_____
HOW DID YOU HEAR ABOUT THIS HOMEOPATH?_____

PLEASE LIST YOUR HEALTH CONCERNS:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

HEALTH HISTORY

Please check any of the following that apply and note when they started

_____ AIDS/HIV Infection	_____ Frequent Antibiotic Use	_____ Measles
_____ Allergies	_____ Frequent High Fevers (>102°F)	_____ Mononucleosis
_____ Anemia	_____ Frequent Steroid Use	_____ Mumps
_____ Appendicitis	_____ Genetic Disorder	_____ Neurological Disorder
_____ Arthritis	_____ German Measles	_____ Poor concentration
_____ Asthma	_____ Hayfever	_____ Psoriasis
_____ Awkwardness	_____ Headaches	_____ Restlessness
_____ Birth Defects	_____ Heart Murmur	_____ Rheumatic Fever
_____ Bladder/Urinary Tract Infections	_____ Hepatitis	_____ Scarlet Fever/Scarlatina
_____ Cancer	_____ Herpes/Cold Sores	_____ Seizure Disorder
_____ Chickenpox	_____ Hypoglycemia	_____ Social immaturity
_____ Chronic Ear Infections	_____ Impulsiveness	_____ Talkativeness
_____ Colitis/Crohn's Disease	_____ Inactivity	_____ Tantrums
_____ Depression	_____ Inconsistency	_____ Thumb Sucking
_____ Developmental Delay	_____ Irritability	Until what age? _____
_____ Diabetes	_____ Jaundice	_____ Tuberculosis (TB)
_____ Distractibility	_____ Kidney Infections	_____ Tubes in ears
_____ Eating Disorder	_____ Left/Right Confusion	_____ Whooping Cough
_____ Eczema	_____ Listlessness	
_____ Exposure to Toxic Substances	_____ Lyme Disease	

Other:_____