

HOMOEOPATHIC CASE INTERVIEW FORM**BABIES & CHILDREN to age 16**DATE OF BIRTH: / /AGE:NAME:G.P's NAME, ADDRESS & TEL.NO.ADDRESS:ETHNIC ORIGIN: _____TEL (OF PARENT):EMAIL ADDRESS (OF PARENT):MOBILE (PARENT):PLAYGROUP / NURSERY / SCHOOL:TEACHER'S NAME:HEAD'S NAME:YEAR GROUP:SCHOOL TEL NO:

PRESENTING CONDITION:- Please give brief details and list any drugs/treatments.

PREVIOUS HEALTH:- Please list any previous diagnoses, illnesses, operations, accidents, dates and treatments.

FAMILY HISTORY:- Age, health – past and present, cause of death (where applicable) etc.

Mother:

Mother's Mother:

Mother's Father

Father:

Father's Mother

Father's Father:

Siblings:

PLEASE INDICATE IF YOUR CHILD HAS HAD PROBLEMS WITH ANY OF THE FOLLOWING:

1. Dizziness or Vertigo
2. Headaches
3. Eyes and Vision
4. Ears and Hearing
5. Nose and Smell
6. Mouth and Taste
7. Lips
8. Face
9. Skin
10. Boils
11. Warts
12. Nails
13. Throat
14. Glands
15. Breathing Difficulties
16. Coughs
17. Palpitations
18. Hot Flushes/Fevers
19. Fainting
20. Hernias
21. Pins and Needles
22. Numbness
23. Varicose veins
24. Haemorrhoids
25. Cramp
26. Trembling
27. Twitching
28. Ulcers
29. Water Retention
30. Pains, anywhere
31. Tenderness or soreness, anywhere
32. Digestion
33. Bowels
34. Bladder
35. Do they bruise easily?
36. Do they heal quickly?
37. Do their complaints seem to be usually on one side – if so, which?

ILLNESSES: - Please indicate if the child has had any of the following, and at what age.

Measles:

German Measles:

Mumps:

Chicken Pox:

Scarlet Fever/Scarletina:

Jaundice:

Whooping Cough:

Pneumonia:

T.B.:

Glandular Fever:

Rheumatic Fever:

Any other:

CONCEPTION

1. Please indicate if there were any conception difficulties, e.g. miscarriages, ectopic pregnancies, fertility treatments, low sperm counts, impotence etc.
2. Please indicate the health of both parents approximately 12 months prior to conception of the child.

Mother:

Father:

PRE-BIRTH

1. Please indicate the health of the mother during the pregnancy.

BIRTH

1. Position of the baby:
2. Length of Labour:
3. Procedure:-
 - a) Forceps
 - b) Vacuum
 - c) Induced Labour
 - d) Caesarean
 - e) Weight at Birth
 - f) Apgar Scores at Birth
 - g) Other – please specify:
4. Any drugs or treatments administered to the mother in labour, i.e., before, during or after
5. Was the baby: breast-fed / express fed / bottle fed – if bottle fed, what feed was given?
6. What were baby's eating, sleeping, body functions like, prior to vaccination?
7. Please indicate the vaccinations you chose for your baby to have, and the dates given. Indicate if there were any reactions to them.

MILESTONES:-

Raising the Head:

Sitting unassisted:

Crawling:

Teething:

Walking:

Talking:

ADJUSTMENTS TO:

Parting from parents:

Playschool:

Nursery:

School:

INTERACTIONS WITH OTHERS:

1. At home - with children
- with adults
2. At school - with children
- with adults

INTERESTS AND PLAY: - What are the child's main interests?

Favourite toy:

Favourite book:

Hobbies:

Sports at school:

ALL INFORMATION WILL BE TREATED WITH STRICTEST CONFIDENTIALITY, ACCORDING TO THE SOCIETY OF HOMOEOPATHS' CODE OF ETHICS.