FOOD FOR HEALTH | A HOLISTIC APPROACH

Pediatric Form

To be used for **children 12 or under**, in conjunction with all other forms.

Child's Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: ___M ___F

Symptoms: (Mark **'C'** for current and **'P'** for past symptoms)

Abdominal Pain	Excessive Fatigue	Nightmares
Acid Reflux	Excessive Perspiration	Night Sweats
Anemia	Flat Feet	No Appetite
Bad Breath	Frequent Headaches	Nosebleeds
Bed Wetting	Gas	Painful Urination
Bleeding Gums	Hearing Loss	Parasites
Blood in Urine	Heart Murmur	Psoriasis
Body Odor	High Fevers	Rash
Bruises Easily	Hives	Sensitive to Light
Canker Sores	Hyperactivity	Sleep Problems
Changes in Appetite	Itchy Anus	Stomachaches
Congestion	Itchy Nose (or picks nose)	Sore Throat
Constipation	Itchy Vagina	Teeth Grinding
Cough	Jaundice	Talks in Sleep
Cries Easily	Joint Pains	Walks in Sleep
Diarrhea	Migraines	Weight Gain
Dizzy Spells	Motion Sickness	Weight Loss
Dry Skin	Nervousness	Wheezing
Eczema	Neurological Disorder	Vomiting Spells

MEDICAL HISTORY:

☐ ADD/ADHD	☐ Dental Problems	☐ Neural Tube Defect
☐ Allergies (Environmentally)	☐ Developmental Problems	☐ Pneumonia
☐ Allergies (Food)	☐ Ear Infections	☐ Rubella
☐ Asthma	☐ Frequent Colds	☐ Rheumatic Fever
☐ Autism	☐ Impaired Speech	☐ Scarlet Fever
☐ Bronchitis	☐ Measles	☐ Tonsillitis
☐ Chicken Pox	☐ Meningitis	☐ Whooping Cough
☐ Croup	☐ Mumps	☐ OTHER: (Specify)

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Nutritional Supplements (please list). Include herbal and homeopathic as well.

MEDICATIONS. Indicate length of time child received each medication.

☐ Antacids	☐ Diclectin	☐ Methylphenidate (Ritalin)
☐ Antibiotics	☐ Decongestant	☐ Oral Steroids
☐ Antidepressants	☐ Dextroamphetamine (Adderall, DextroStat, Dexedrine)	☐ Pemoline (Cylert)
☐ Anti-Histamine	☐ Epilepsy medication	☐ Tylenol
☐ Aspirin	☐ Ibuprofen	☐ Others: (please list)
☐ Clonidine	☐ Inhaled Steroids	

Are you aware of any allergies to these medications?

Immunizations

☐ Diphtheria	☐ Influenza	☐ IPV (Polio)
☐ DPT	☐ Measles	☐ PNEU (Pneumococcal disease)
☐ Haemophilus	☐ MENI (Meningococcal disease)	☐ Small Pox
☐ Hepatitis	☐ MMR (Measles, Mumps, Rubella)	☐ Tetanus
☐ HIB (Haemophilus Influenza)	☐ Mumps	☐ VAR (Varicella or Small Pox)

Were there any reactions to immunization(s)? If so, what age?

MOTHER'S HEALTH DURING PREGNANCY: (check all that may apply)

☐ Alcohol, Cigarettes, Drug Consumption	☐ Gestational Diabetes	☐ Stress
☐ Anemia	☐ Hypertension	☐ Thyroid Problems
☐ Bleeding	☐ Nausea	☐ Uterine Infection
☐ Dental Problems	☐ Physical or Emotional Trauma	☐ Other:
☐ Diabetes	☐ Pre-eclampsia	

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MEDICATIONS WHILE PREGNANT:

MEDICATIONS WHILE NURSING (MOTHER):

Term:

Full____ Premature_____ Late_____

Weight at Birth _____lb. _____oz.

LABOUR AND DELIVERY:

Was pregnancy induced?

Vaginal ____ C-Section ____ Complications during Labor? _____

Medications during or after labor? _____

FEEDING:

Breastfed____ Bottle Fed____

When was formula started? _____

When were solid foods introduced? _____

What were the first foods introduced? _____

Did your baby have any of the following problems?

_____ Jaundice

_____ "Blue Baby"

_____ Colic

_____ Diarrhea

_____Thrush

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