LONSDALE NATUROPATHIC CLINIC

Confidential Pediatric Case History

Please help me to understand your child's health needs by carefully completing this intake form.
All information is strictly confidential.

Patient Information:

Child's Name: _____ **Age:** _____ **Gender:** _____

Date of Birth: _____ _____ _____ **Care Card # (PHN):** _____
(Month) (Day) (Year)

Parent/Guardian Information:

Name: _____ **Relationship:** _____ **Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____
Address: _____ **City:** _____
Province: _____ **Postal Code:** _____ **Phone:** _____

Contact in case of emergency: _____ **Phone:** _____
Child's GP or Pediatrician: _____
How did you hear about the clinic? _____

Please list all of your child's known allergies (medications, foods, airborne, etc): _____
_____
_____

Current Health:

Please list the reasons for your child's visit:

1. _____ **3.** _____
2. _____ **4.** _____

Please list any medications or natural supplements your child is presently taking: _____
_____

Current weight: _____ **Current height:** _____
How often does your child have a bowel movement? _____
How is your child's energy? ☐**Extremely Low** ☐**Barely Enough** ☐**Good** ☐**Excellent** ☐**Too High**

Please describe a typical day of eating for your child:
Breakfast: _____
Lunch: _____
Dinner: _____
Snacks/Beverages: _____

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Medical History:

Please list any serious injuries/hospitalizations/illness/trauma, with brief details:

_____ **Year:** _____ _____ **Year:** _____

_____ **Year:** _____ _____ **Year:** _____

History of antibiotic use? Yes ☐ No ☐ Approximate dates: _____

IMMUNIZATIONS – What vaccines has your child had?

☐ **MMR**	☐ **Polio**	☐ **Hep A**	☐ **Pneumo**	☐ **Rotavirus**
☐ **DTaP**	☐ **HiB**	☐ **Hep B**	☐ **Men-c**	☐ **Chicken pox**

Any adverse reactions to vaccinations? Yes ☐ No ☐ If yes, please describe: _____

Mother's Health During Pregnancy

☐ **Diabetes** ☐ **High blood pressure** ☐ **Severe morning sickness** ☐ **Smoking/alcohol/drug use**

☐ **Thyroid condition** ☐ **Other** _____ ☐ **Mother's age at birth:** ____

Birth History:

Term: ☐**Full** ☐**Premature** ☐**Late** ☐ **Birth weight:** _____

Birth: ☐**Vaginal** ☐**C-Section**

Birth complications or interventions: _____

Feeding: Breastfed? Yes ☐ No ☐ How long: _____

When was food introduced? _____

First foods: _____

Family History:

Has anyone in your child's immediate family been diagnosed with any of the following?

☐ **Autoimmune condition** ☐ **Diabetes** ☐ **Heart Disease** ☐ **Cancer: type(s)** _____

☐ **Mental illness** ☐ **Thyroid disease** ☐ **Other** _____

Overview of Body Systems:

Has your child had any of the following conditions in the past or currently:

☐ **Allergies**	☐ **Colic**	☐ **Dry skin**	☐ **Heart murmur**	☐ **Stuffy nose**
☐ **Anemia**	☐ **Cough/Wheeze**	☐ **Earache(s)**	☐ **High fever**	☐ **Thrush**
☐ **Asthma**	☐ **Croup**	☐ **Eczema/rashes**	☐ **Insomnia**	☐ **Vomiting spells**
☐ **Bedwetting**	☐ **Depression**	☐ **Frequent infections**	☐ **Jaundice**	☐ **Other** _____
☐ **Birth defects**	☐ **Diarrhea**	☐ **Headaches**	☐ **Learning problem(s)**	

Is there any other information that I should know about your child?

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Consent to Naturopathic Treatment

Dear patients:

Occasionally, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are minimal, it is the practice of this clinic to inform our patients about them. These complications may include, but are not limited to: soreness, inflammation, soft tissue injury, dizziness, burns, bruising, stroke, and temporary worsening of symptoms. More serious complications are extremely rare.

I have read and understand the above statements regarding potential treatment side-effects. I also understand that there is no guarantee or warranty for a specific cure result.

I understand the visit costs for Naturopathic treatment are as follows:

Initial Naturopathic Basic $175.00
Initial Naturopathic Plus $205.00
The Initial visit is 1 hour with Dr. Rauscher

Subsequent Naturopathic Basic $90
Subsequent Naturopathic Plus $115.00
Subsequent Esoteric Acupuncture $115.00
Subsequent visits are 30 minutes with Dr. Rauscher

I understand that if I miss an appointment or cancel on short notice (less than 24 hours), I may be charged a fee for the missed appointment.

Patient Name	Guardian Signature
Guardian Signature	Date
Doctor's Signature	Doctor's Name

Welcome!

Thank you for taking the time to fill out this extensive questionnaire. Your time and care is appreciated.