Nicky Gonis Holistic Health
Naturopath | Herbalist | Gut Health

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PAEDIATRIC INTAKE FORM

Name: _____ DOB: _____

Parent/guardian name/s:

_____

Address: _____

Phone: _____ Email: _____

Height: _____ Weight: _____

Name of GP: _____ Suburb: _____

Name of Specialist: _____ Suburb: _____

Specific reason for your appointment and other current health concerns:

1. _____
2. _____
3. _____

Recent pathology/tests/investigations/operations etc, please provide dates and outcomes:

_____

_____

_____

Current medications (including dosage):

_____

_____

_____

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Current supplements (dose and brand):

Please list any health concerns of family members including siblings, parents and grandparents:

Please list any previous medical history:

Please explain your child's general temperament:

Has your child taken any antibiotics? If yes, when and how many courses?

Did you experience any pregnancy complications?

- ☐ What was your child's birth weight? _____
- ☐ Was your child breastfed? Exclusively? _____ How long? _____
- ☐ Was your child formula fed? Which formula? _____
- ☐ Birth details: (please tick all that applies)
- ☐ Vaginal delivery
- ☐ Caesarean section
- ☐ Induced labour
- ☐ Forceps delivery
- ☐ Vacuum extraction
- ☐ Fetal distress
- ☐ Low birth weight
- ☐ Premature delivery
- ☐ Pain relief, please specify: _____
- ☐ Anesthesia used, please specify: _____
- ☐ Epidural given
- ☐ Neonatal Intensive Care, please provide details:
- ☐ Hospitalization in the first year, please provide details:

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Early development:

What age were solids introduced? _____

What age was your child toilet trained? _____

Were milestones achieved on time? _____

General Health Questionnaire:

Below are a series of health symptoms. Please check boxes with a tick for present symptoms and a cross for past symptoms. Please leave the box blank if your child has never experienced this symptom.

- ☐ Bloating
- ☐ Fussy eating
- ☐ Irregular Bowels
- ☐ Bedwetting
- ☐ Poor concentration.
- ☐ Autism
- ☐ Constipation
- ☐ Nausea
- ☐ Poor appetite
- ☐ Sleeping problems
- ☐ Behaviour issues
- ☐ Hyperactivity/ADHD
- ☐ Diarrhea
- ☐ Reflux
- ☐ Burping
- ☐ Anxiety
- ☐ Mood swings
- ☐ Developmental delays
- ☐ Flatulence
- ☐ Colic
- ☐ Fatigue
- ☐ Hearing problems
- ☐ Learning issues
- ☐ Speech problems
- ☐ Headaches/Migraines
- ☐ Eczema/Psoriasis
- ☐ Respiratory issues
- ☐ Poor wound healing
- ☐ Hay fever
- ☐ Skin rashes
- ☐ Recurrent antibiotic use
- ☐ Fractures/broken bones
- ☐ Asthma
- ☐ Sinus problems
- ☐ Ear infections
- ☐ Growing pains
- ☐ Diabetes
- ☐ Heart trouble
- ☐ Throat infections
- ☐ Seizures

☐ **Allergies, please specify:**

☐ **Recurrent colds/infections, please explain:**

☐ **Food intolerances, please list:**

☐ **Any other health concerns:**

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Do the following pertain to your household?

☐ Smoking ☐ Old home ☐ Renovations ☐ Pets

Vaccination history:

Is your child currently up to date with their vaccines? Please circle: ☐ YES ☐ NO

Please place a tick for yes or a cross for no next to each vaccination (Please list any others in the space provided)

Hepatitis B (HepB) ☐	Haemophilus B (Hib) ☐	Measles, mumps, rubella (MMR) ☐	Meningococcal ACWY ☐
Rotavirus – ORAL (RV1, RV5) ☐	Pneumococcal (PCV13) ☐	Varicella – Chicken pox (VAR) ☐	Meningococcal B (MenB) ☐
Diphtheria, tetanus acellular pertussis/Whooping cough (DtaP) ☐	Inactivated Poliovirus (IPV) ☐	Hepatitis A (HepA) ☐	
Influenza (IIV) ☐	Human Papillomavirus (HPV) ☐		

Did your child experience any adverse reactions to the following vaccines given? Please circle: YES NO

If yes, please provide details: _____

Is your child involved in any extracurricular activities, such as sports or music lessons? If so, what are they and how often?

Please understand that all information is held in strict confidentiality. It is very important that you as a client builds a strong sense of trust with me, the practitioner. If there is anything further you would like to discuss with me before the session or any boundaries that you would like to set to ensure your comfort and relaxation, please bring these issues to my attention.

Thank you for completing the intake form
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