Lia Sonnenburg
Doctor of Naturopathic Medicine

CHILD INTAKE FORM

Child's Name:_____ Date of Birth: _____ Age: _____ Gender: M / F

Who is filling out this form? Name: _____ Relationship to child: _____

Contacts (in order of preference):

1. Name: _____ Home Phone: _____ Work: _____

Address:_____ City:_____ Postal Code:_____

Email:_____ Relationship to Child: _____

2. Name: _____ Home Phone: _____ Work: _____

Address (if different than above):_____City:_____ Postal Code:_____

Relationship to Child: _____

Who does the child live with? _____

Other health care providers:

Name:_____ Designation:_____ Phone:_____

Name:_____ Designation:_____ Phone:_____

Name:_____ Designation:_____ Phone:_____

How did you hear about our Naturopathic medical services? _____

THIS IS A CONFIDENTIAL MEDICAL RECORD AND WILL BE KEPT IN SECURE ELECTRONIC FORM. INFORMATION CONTAINED HERE WILL NOT BE RELEASED TO ANY PERSON, EXCEPT FOLLOWING APPROPRIATE WRITTEN AUTHORIZATION. PLEASE COMPLETE THIS QUESTIONNAIRE AS THOROUGHLY AS POSSIBLE.

What are your child's primary health concerns (in order of importance)?

1. _____

2. _____

3. _____

4. _____

Has your child seen any specialists? Yes No If yes, please indicate name of the doctor and year of visit:

_____

_____

_____

_____

MEDICAL HISTORY:

Please list all **CURRENT prescription and non-prescription medications** (vitamins, herbs, homeopathics, etc) your child is taking. Please indicate the name, dosage, duration of use and reason for use:

_____

_____

_____

_____

Has your child ever had an adverse reaction to a medication? Indicate the drug and the reaction experienced:

_____

How many times has your child been treated with antibiotics? _____

Immunizations (please check):

- ☒ Flu Shot
- ☒ Diptheria/Pertussis/Tetanus
- ☒ Measles/Mumps/Rubella
- ☒ Haemophilus Influenza
- ☒ Chicken Pox
- ☒ Polio
- ☒ Hepatitis A
- ☒ Hepatitis B

Describe any adverse reactions: _____

List all known allergies (food, medicines, environmental, seasonal, etc.): _____

_____

Which of the following diseases has your child had?

- ☒ Measles
- ☒ Mumps
- ☒ Rubella
- ☒ Chicken Pox
- ☒ Roseola
- ☒ Scarlet Fever
- ☒ Whooping Cough
- ☒ Strep throat
- ☒ Impetigo
- ☒ Mononucleosis
- ☒ Ear Infections

Please indicate any serious conditions, illnesses, injuries, and/or any hospitalizations you child has experienced, with approximate dates (if possible): _____

_____

_____

FAMILY MEDICAL HISTORY:

Relation	Current Age	Health problems	Cause, if deceased

Father			
Mother			
Grandparents			
Siblings			

PRENATAL HEALTH:

What was the health of the parents at conception (please circle)?

Mother Poor Fair Good Excellent Unknown
Father Poor Fair Good Excellent Unknown

What was the mother's age at the child's birth? _____

How was the mother's diet during pregnancy? Poor Fair Good Excellent Unknown

Did the mother receive prenatal medical care? Yes No Unknown

Did the mother experience any of the following during pregnancy?
☒ Bleeding ☒ Diabetes ☒ High Blood Pressure ☒ Nausea
☒ Vomiting ☒ Thyroid Problems ☒ Physical/ emotional trauma

Other: _____

Did the mother use any of the following during pregnancy?
☒ Tobacco ☒ Alcohol ☒ Recreational Drugs:
_____
☒ Prescription medications:
_____
☒ Over-the-counter medications:
_____
☒
Supplements:_____

BIRTH HISTORY:

Pregnancy Length: ☒ Full ☒ Premature: _____ wks ☒ Late: _____ wks

Location of birth: ☒ Hospital ☒ Home ☒ Birthing Center ☒ Other: _____

Type of birth: ☐ Vaginal ☐ C-section

Types of Intervention Used: ☐ Induced labour ☐ Use of forceps ☐ Epidural/anaesthesia
☐ Other:_____

Length of Labour: _____ Birth Weight: _____

Did the child experience any of the following at, or shortly after, birth?
☐ Jaundice ☐ Seizures ☐ Colic ☐ Respiratory Difficulties:
_____
☐ Birth injuries: _____ ☐ Birth defects:
_____
☐ Skin Disorders: _____ ☐ Other:
_____

FEEDING HISTORY:

How was your child fed as an infant?
☐ Breast fed: How long? _____ ☐ Formula: Milk/Soy/Other:
_____

Please describe any reactions you observed: _____

When was your child first introduced to solid foods, and in what order? _____

_____

If any adverse reactions were noticed, what were they? _____

Please describe a typical day's diet:
Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages (and total quantity): _____

What are your child's favourite foods? _____

Does your child drink caffeine (i.e. pop, tea)? YES NO Type: _____ Frequency: _____

HEALTH AND DEVELOPMENT:

How was your child's health in the first year? Poor Fair Good Excellent

At what age did your child first:
Sit up: _____ Crawl: _____ Walk: _____ Talk: _____

Is your child in: ☐ school ☐ daycare ☐ homecare ☐ other:
_____

What are your child's favourite activities? _____
_____

How many hours of sleep does your child get per night? _____

Does your child have any problems associated with sleeping (e.g., trouble falling asleep, waking up throughout the night, etc.)? _____

Does your child exercise regularly? YES NO How much and how often? _____

How much television does your child watch? _____ (hrs per day)

Is your child exposed to second hand smoke? YES NO Where? _____

Is your child frequently exposed to animals? YES NO What type? _____

Do you know of any toxins or other hazards that your child is regularly exposed to (home renovations, chemicals, older home/school)?_____

Please list any other relevant health/personal information that you feel is missing:
_____
_____

Lia Sonnenburg- Naturopathic Doctor

INFORMED CONSENT TO TREATMENT OF A MINOR

This is to acknowledge that I, _____, parent/legal guardian of _____, whose relationship to me is as a _____, have been informed and understand that:

Naturopathic medicine is the treatment and prevention of disease(s) by natural means. Naturopathic doctors assess the whole person, taking into consideration the physical, mental, and emotional aspects of an individual. A number of different approaches are used: Clinical Nutrition and nutritional supplements, Botanical Medicine, Homeopathy, Traditional Chinese Medicine and Acupuncture, Physical Medicine and Lifestyle Counseling.

Lia Sonnenburg, BHSc, ND, will take a thorough personal case history, and perform a screening physical exam before developing and implementing an individualized treatment plan. Certain laboratory assessments may also be required on a case specific basis (i.e. blood, urine, hair and/or stool testing as deemed appropriate to the presenting case).

Even the gentlest therapies can occasionally cause complications. Some therapies must be used with caution in conditions such as diabetes, heart, liver or kidney disease, during pregnancy and lactation, in children and while taking other prescriptive medications.

There are some slight health risks with Naturopathic Medicine. These include, but are not limited to:

- Aggravation of pre-existing symptoms or conditions
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture
- Fainting or puncturing of an organ with acupuncture needles

I, as the parent/legal guardian, authorize Lia Sonnenburg, BHSc, ND to take whatever measures she considers necessary or beneficial in care and treatment. I understand that results are not guaranteed. I understand that treatment advice will not be given over the phone or via e-mail, unless directly relating to specifics discussed during a clinic visit.

This consent form is intended to cover the entire course of treatment for the present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

With this knowledge, as parent/legal guardian, I voluntarily consent to the examination and administration of Naturopathic Medical care and treatment mentioned above, except for:

_____

_____

Dated in _____, ON this_____ day of _____, _____

Guardian's Name: _____

Signature of Guardian: _____

Signature of Naturopathic Doctor: _____