

# Homeopathic Healing Center

1186 Lincoln Avenue, San Jose, CA 95125

## Homeopathic Questionnaire for Infants And Children

File# (please leave blank for the HHC to fill out):

First name of child:

Last name:

Date of Birth (mm/dot/year):

Phone#

Home Address:

Gender (Male/Female):

Name of the Parents/guardian:

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Main problem symptoms, how and when did it start and for how long the troubling symptoms have been bothering the child, including the severity of the problem (describe in your own words without using any medical terms).

Any mind symptoms like fear of falling, motion, etc, observed (describe in detail)

Any prolonged crying problem during night/day/on waking, etc., what pacifies him/her

General symptoms which describe the child as a whole, like "he is always hot/sweating", "loves cool/warm air", "dreads nights ,afraid of ghosts, etc including the situations/conditions that make him/her feel better or worse as a whole.

Describe his overall personality like haughty, aggressive, timid, quarrelsome, intelligent, slow in learning, attention deficiency, interested/not interested in games and reading, etc.

Modalities - What conditions, foods, weather, times of the day or night, etc. make the child feel worse or better overall or any of the main symptoms. Does the child spit milk in curdles, what kind of foods he/she likes/dislikes (also hot, spicy, pungent, sour, sweet, bitter, etc)

Describe any problems/symptoms pertaining to the following. Please describe in detail (pain, sensations, conditions that make the symptoms worse/better):

Head:

Eyes:

Ears:

Nose:

Face:

Tongue:

Throat:

Sinus:

Stomach/Abdomen:  
(Intolerance of milk, etc)

Skin:  
(Any history of eczema, psoriasis)

Urinary organs:

Heart/blood:

Teething problems:

Allergies:

Respiratory system (lungs, cough, expectoration type, voice, difficult respiration)

Nervous symptoms: Seizures (with or without auras), paralysis (general or of any parts), insomnia, dreams, restlessness (general or of any parts like legs, etc.), general weakness, involuntary movements of parts, goiter, nervousness, wasting of any limbs, etc, please describe in detail.

Please describe in detail any peculiar and strange symptoms, behavioral patterns, habits or fears of your child that you notice (howsoever insignificant/common they may appear to you)

Please describe any mishaps/abuses the child may have suffered

Any other worrisome symptoms, etc bothering you about him

**Additional general symptoms:**

Please describe if you noticed any change in symptoms, seat of disease (like the skin condition got better but he/she got diarrhea, etc), fears or other suppressing conditions that could have contributed to the existing condition.

Did you notice any health changes after any vaccinations/inoculations, etc.?

Any other health/mind/emotions information about the child you would like to share:

Parental History: Please describe the health problems/addictions of the parents, grandparents, siblings, etc. Are the parents/grandparents/siblings alive?

