

Date today:

Child Database

Surname:		Photo:
First Names:		
DOB:		
Address:		
Parent Name:		
Phone Hm:		
Phone Wk:		
Mobile:		
Email:		
NHI:		
GP:		Medical Clinic:

List Past Medical History		Family History		
	Date	Father	Mother	Siblings
1				
2				
3				
4				
5				
Medicines, supplements, allergies and intolerances				
Current medicines				
Current supplements				
Medicine allergies				
Food intolerances				
Chemical intolerances				
Chemical exposure past or current				
Circle if you eat or drink:	Artificial sweeteners	Energy drinks		
Comment on diet?				
Dental Health				
Amalgams?	Yes / No	If yes, how many?		
Infections?				
Other?				
Environmental				
How old is your home?				
Is your home dry or damp?				
Do you use weed sprays?				
Do you use insect sprays?				
Special tests or procedures				
Type	Date	Reason	Result	

<i>Office Use Only</i>				
General Consent Form	<input type="checkbox"/>			
Declined contact GP	<input type="checkbox"/>			

Brief notes of important health events			
Pregnancy problems			
Birth at weeks gestation			
Condition at birth?			
First month problems?			
Breast fed for months			
Formula started at months			
0-6 months health			
6-12 months health			
1 yr			
2 yr			
3 yr			
4 yr			
5 yr			
6-10 yr			
11-15 yr			
Vaccinations:		some	all none
Eczema		Concentration poor	
Asthma		On the go, always	
Very windy		Energy poor	
Bowel trouble		Appetite poor	
Irritable, crying lots		Fussy eater	
Mucousy, nose		Behaviour problems	
Ear infections		Social problems	
Chest infections		Food allergies	
What are the main health problems that concern you about your child			
1			
2			
3			
4			
5			
6			
Behavioural concerns			
Other comments			