CONFIDENTIAL CLIENT HISTORY - CHILD

Client Name_____**Date** _____**, 20**_____

DOB_____ **Weight**_____**Ht**_____

Parent(s) Name_____

Home Address_____ Home Phone_____

City_____State_____Zip_____

Email (home)_____Cell Phone_____

Email (work)_____

Referred by_____

Parent Occupation:_____

Parent Employer:_____

Work Phone: Mother_____Father_____

Cell Phone: Mother_____ Father_____

List any prescription drugs your child is currently taking:

_____ _____

_____ _____

_____ _____

Are there any times in his/her life where the child was taking drugs for an extended period?

____Yes ____No If yes, please indicate what drugs?

_____

_____

Specifically, has your child ever taken antibiotics? If yes, please indicate when and for what duration:_____

_____

_____

_____

Operations/Surgeries? Please list type, date and age when completed:

_____

_____

_____

Has your child ever had:

____Asthma	____Tonsillitis	____Tuberculosis
____Chicken Pox	____Measles	____Typhoid
____Colds	____Pleurisy	____Whooping Cough
____Diphtheria	____Pneumonia	____Gonorrhea
____Hay Fever/Allergies	____Scarlet Fever or Fevers	____Hives
____Draining Ears	____Scoliosis	____Other (list and explain)

_____
_____
_____
_____
_____

Has this child taken any street drugs? (marijuana, cocaine, etc.) ____Yes ____No If yes, please indicate what drug(s):_____
_____

Has your child ever had any significant physical trauma (such as accident or injury)?
_____Yes _____No If yes, please indicate and at what age?
_____
_____

Does he/she experience energy swings/surges during the day? ____Yes ____No If yes, please explain _____

Please list any predominant personality/emotional issues or mental/emotional trauma and at what age: (i.e, anger, crabby, discouraged, fearful, hard on him/herself, feel guilty, anxious, exuberant, etc.)
_____
_____
_____
_____
_____
_____

How often does your child have a bowel movement?_____
_____
Are they usually: _____Hard _____Very soft _____Other (Describe) _____
_____

What activities does your child participate in (sports, hobbies, music, dance, etc.)

Sleep:
Average hours of sleep per night?_____ Do you feel this is enough sleep? _____

Describe your child's sleep: ___Unbroken ___I wake up ____ times per night

Does he/she awake rested? ___Y ___N If no, explain_____

Describe any other difficulties or patterns with your child's sleep_____

_____

_____

Rate your child's energy level (5 being most energetic) 1 2 3 4 5
Rate his/her activity level:
___sedentary ___slightly active ___moderately active ___very active

Please indicate what kind of diet your child has (describe):

Breakfast_____

_____

_____

Lunch_____

_____

_____

_____

Dinner_____

_____

_____

_____

Snacks_____

_____

_____

Considering a serving is ½ cup, how many servings PER DAY does your child eat of the following:

_____Fruits _____Vegetables

_____Whole Grains, Breads, Cereals In what form:_____

_____Seeds/Nuts (pumpkin, sunflower, almonds, etc) Oiled and roasted?_____

How many servings of dairy each day (milk, cheese, yogurt, sour cream, etc)_____

Please indicate what types_____

_____

How many servings PER WEEK does your child eat of the following?

_____Meat (red, pork, lamb) _____Lunchmeats

_____Poultry (chicken/turkey) _____Fish

_____Shellfish

How much of the following does your child consume: (Indicate whether per day, week, etc.)

Coffee_____ Decaf Coffee_____

Creamers_____ Sweeteners_____

Sugar substitutes/artificial sweeteners_____

Tea: Herbal_____ Black_____ Green_____

Colas/sodas_____

Sweets (ice cream, cookies, cakes, pastries, candies, chocolate, etc) What type and how often consumed:_____

_____

_____

How often does he/she eat out and what types of food_____

_____

How often is fried food consumed_____

How often are wheat products consumed_____

How much water does he/she drink per day_____

How much juice does he/she drink per day_____

Please list supplements taken:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

How active is your child:
___sedentary ___slightly active_____moderately active or ____very active

Is there anything else I should know about your child?

_____

_____

_____

_____

_____

_____

Do you have a religious affiliation? ___Y ___N

If yes, please indicate_____

Are you open to being prayed with? ___Y ___N