Lisa Decandia, Hom, DSHM, R. BIE, MSc LDC Wellness

Registered Homeopath, BIE Practitioner

Pediatric Homeopathic Intake Form (Complete only after booking first appointment)

Patient's Name:_				Date of Birth: D	M	Υ	
Parent's Name:		Parent's Name:					
Address:							
Street		City				Postal code	
Telephone: Home:		Work(N	Work(M.)		Work(Fax)		
Telephone: Other(M.) Other			Other (Fa	(Fax)			
E-mail address:_							
Referred By:		Present N	I.D. and Phone r	10.:			
Major complain	ts in order of importa						
	Compl	aint		Since	Ca	auses	
Medications tha	it your child is current	ly taking?					
vicuications tha	Medica			Since	Adverse Effects		
	ivieuica			Since	Auver	se Lifects	
Which of the fol	lowing conditions has	s vour child had?					
Abscesses	Allergies	Anemia	Asthma	Chicken Pox	Cold Sores	Colic	
Ear Infections	Eczema	Frequent Colds	Influenza	Measles	Mononucleosis	Mumps	
Parasites	Pneumonia	Rheumatic Fever	Rubella	Scarlet Fever	Skin Ailments	Strep Throat	
Sinusitis	Sun Stroke	Tonsillitis	Thrush	Travel Sickness	Tuberculosis	Typhoid Feve	
Warts	Whooping Cough	Worms					
Any Other Majo	r Conditions?						
Are there any of	the preceding conditi	ons after which you	r child has not b	een totally well again?			
Which ones?							
Vaccination Hist	ory:						
Measles		Yes	No	Any Adverse Effe	cts from any of these	e Vaccinations?:	
Vlumps		Yes	No				
Rubella/German	Measles	Yes	No				
Chicken Pox		Yes	No				
Whooping Cough	n	Yes	No				
Meningitis		Yes	No				
Hep B		Yes	No				
Tetanus Haomonhilus		Yes	No No				
Haemophilus Pneumococcal		Yes Yes	No No				
Meningitis		Yes	No				
OPPT		Yes	No				
2111		.03	110				

	ations/Injuries?		144		C!·	ations
Operation/Injury			When		Complications	
Which of the fol	lowing ailments, or any ot Allergies Art	her major ailments, hritis Asth		d your child's relat	ives: Depression	Diabetes
pilepsy	Gonorrhea Gou	ut Hea	rt Disease	Mental Illness	Paralysis	Pneumonia
kin Disease	Syphilis Tub	erculosis				
	Relative	Age if alive	Age at dea	ath	Ailmen	ts
Mother						
Father						
Brothers						
Sisters						
Maternal Gran	dmother					
Maternal Gran	dfather					
Maternal Aunt	s/Uncles					
Paternal Grand	dmother					
Paternal Grand	dfather					
Paternal Aunts	s/Uncles					
rauma, hyperte	child birth:ension, diabetes, medication	ons, alcohol, drug, ci	garette consi		ing, nausea, illness	, physical or emotiona
rauma, hyperte	ension, diabetes, medication	ons, alcohol, drug, ci	garette consi	umption,		physical or emotiona
rauma, hyperte	ension, diabetes, medication	ons, alcohol, drug, ci	garette consi	umption,		, physical or emotiona
rauma, hyperte tc sirth History: Fu ength of Labou at what age did	ension, diabetes, medication	ons, alcohol, drug, ci e: Late: cations:	garette const	umption, at at Birth: Say Fire	st Words	
rauma, hyperte tc irth History: Fu ength of Labou t what age did eeding: Breast	ension, diabetes, medication Ill Term Premature r: Compli your child begin to: Sit Fed? How long?	e:Late: cations: Crawl	garette const	umption, nt at Birth: Say Firs Soy or other?	st Words	
rauma, hyperte tc sirth History: Fu ength of Labou at what age did eeding: Breast	ension, diabetes, medication	e:Late: cations: Crawl	garette const	umption, nt at Birth: Say Firs Soy or other?	st Words	
rauma, hyperte tc sirth History: Fu ength of Labou at what age did eeding: Breast ood Intolerance	ension, diabetes, medication Ill Term Premature r: Compli your child begin to: Sit Fed? How long?	e:Late: cations: Crawl Formula? Age be	garette const	umption, nt at Birth: Say Firs Soy or other?	st Words	
irth History: Fuength of Labout what age dideeding: Breast ood Intolerance there any other decical/Profess ndersigned, under As such	rision, diabetes, medication Ill Term Premature r: Compli your child begin to: Sit Fed? How long? es? er information that I need sional Waiver PLEASE READ derstand that Lisa Decandi th, I acknowledge that it is residued.	cations: Crawl Formula? Age be to know? THE FOLLOWING CATOR THE F	Weigh Walk Milk/ Pegan solid for	umption, at at Birth: Say Firs Soy or other? ods? under 19 years of a f classical homeopa diagnosis and advice	ge, a parent or guar thy and not a licens	rdian must sign.) I, the sed medical doctor.
irth History: Fuength of Labout what age dideeding: Breast bood Intolerance there any other andersigned, under the consulting toto As hone	rision, diabetes, medication Ill Term Premature r: Compli your child begin to: Sit Fed? How long? es? er information that I need sional Waiver PLEASE READ derstand that Lisa Decandia h, I acknowledge that it is r ting with Lisa Decandia, I a al health. neopathy is not covered by	cations: Crawl Formula? Age be to know? THE FOLLOWING CA a is a homeopathic p	Weigh Walk Milk/ Pegan solid for	say First Soy or other? under 19 years of a f classical homeopa diagnosis and advice n alternative methology.	ge, a parent or gual thy and not a license te for my present arod of treatment thr	rdian must sign.) I, the sed medical doctor. nd future conditions. I ough which to addres
irth History: Fuength of Labout what age dideeding: Breast cood Intolerance there any other consultant with the consultant wit	ension, diabetes, medication all Term Premature r: Compli your child begin to: Sit Fed? How long? es? er information that I need derstand that Lisa Decandia h, I acknowledge that it is reting with Lisa Decandia, I a al health. neopathy is not covered by thedule. e that "symptoms" from my	cations: Crawl Formula? Age be to know? THE FOLLOWING Compare a is a homeopathic purpose my responsibility to some exercising my right to the existing government of child's consultations.	Weigh Walk Milk/ egan solid for practitioner of seek medical at to choose a	umption, at at Birth: Say First Soy or other? under 19 years of a f classical homeopa diagnosis and advice a linear attractive methol. I insurance plan, I a	ge, a parent or gual thy and not a license te for my present arod of treatment thr	rdian must sign.) I, the sed medical doctor. nd future conditions. I ough which to addres presented in the curre
irth History: Fuength of Labout what age did eeding: Breast cood Intolerance there any other and consult my tot As successful agree persone I conservations relevanted to the consult of the conservation of	ension, diabetes, medication Ill Term Premature r: Compli your child begin to: Sit Fed? How long? es? er information that I need sional Waiver PLEASE READ derstand that Lisa Decandia h, I acknowledge that it is reting with Lisa Decandia, I a al health. neopathy is not covered by chedule.	cations: Crawl Formula? Age be to know? THE FOLLOWING Common a is a homeopathic point of the existing government of child's consultations confidential. I may receive e-mails sletter, upcoming ever	Weigh Walk Walk Milk/ Pegan solid for Wegan solid for Walk Wegan solid for Weigh Walk Walk Walk Walk Walk Walk Walk Walk	umption, at at Birth: Say First Soy or other? under 19 years of a f classical homeopathic dinsurance plan, I a d for homeopathic ecandia and/or LDC	ge, a parent or guar thy and not a license of of treatment thr gree to pay all fees teaching purposes.	rdian must sign.) I, the sed medical doctor. Ind future conditions. In ough which to address presented in the curre I acknowledge that all II provide me with
sirth History: Furength of Labour At what age did feeding: Breast food Intolerances there any other and consultant with the consultant with the consultant food in the consultant food	ension, diabetes, medication Ill Term Premature r: Compli your child begin to: Sit Fed? How long? es? er information that I need derstand that Lisa Decandia h, I acknowledge that it is reting with Lisa Decandia, I all health. neopathy is not covered by the dule. e that "symptoms" from my all information will be keptent that from time to time in the alth information/news.	cations: Crawl Formula? Age be to know? THE FOLLOWING Common a is a homeopathic point of the existing government of child's consultations confidential. If may receive e-mails alsetter, upcoming ever the to these e-mails are to these e-mails and the existing and the existing government of t	Weigh Walk Milk/ Pegan solid for AREFULLY (if to cractitioner of the cractical cractic	umption, at at Birth: Say First Soy or other? under 19 years of a f classical homeopathic dinsurance plan, I a d for homeopathic ecandia and/or LDC	ge, a parent or guar thy and not a licens of of treatment thr gree to pay all fees teaching purposes. Wellness which will	rdian must sign.) I, the sed medical doctor. Ind future conditions. In ough which to address presented in the curre I acknowledge that all II provide me with