GUIDELINES FOR WRITING YOUR CHILD'S MEDICAL AND PERSONAL HISTORY — LIFE PICTURE

Homoeopathy is a unique system of treatment. A detailed medical and personal history will assist the prescribing of Homoeopathic medicines for your child. This is because homoeopathic medicines are prescribed for the individual, not for their diseases as such. For example, several children requiring help for the same "illness" would most likely be given different medicines because their individual symptoms and characteristics are different. The medicine is matched to your child's totality of symptoms, not to their illness.
Detailed information is vital to accurate prescribing. I have asked you to write a "life picture' of your child to assist in helping them. This will take a little time and effort, but the potential benefit to your child's health depends on this information. Incomplete information will make correct medicine selection more difficult. What you write will form the basis for further questions in your child's consultation. If your child is old enough to answer any sections please involve them, as often a parent can assume things about the child which are incorrect or not as the child sees them.

All information that you provide will be treated as strictly confidential in line with our Privacy Policy. Please follow the guidelines set out below. This is not a questionnaire to be written on and handed in but rather a guide to direct you to write about your child in as much detail as you wish.

When you have finished, post or deliver the history as soon as possible to the address below.

1) IDENTITY AND ENVIRONMENT

Begin by setting out the following: Full Name, Date of birth, Place of birth, Address, Parents' telephone numbers.
Daily routine: Describe the child's routine over a typical 24-hour period including sleep patterns. Include anything of note regarding meals and bodily functions. If your child is of school age describe the following Each level of school attained (e.g. Kindergarten, Primary and Secondary) and the level of achievement reached. Please describe any difficulties that they may have had or may be having with schoolwork or socially with friends or teachers.

Current family situation: Details of all family members, their ages, location if away from family, occupation if working. Include details of any members who have died, giving age of death and cause, age of child at time of bereavement. Family difficulties or discord as these may have a bearing on your child's health. Include any other factors which may be relevant to the environment in which the child lives, works and plays.

2 MAIN COMPLAINTS

Give a full description, each in turn, of the conditions bothering your child, detailing:

i. Area affected, from time of onset, through development and spread of the problem. Give details of any previous or current treatment.
ii. Sensations experienced in the area of trouble, using the child's words if possible.
iii. Conditions, physical and/or emotional, both before and at the time of onset that may have brought on or aggravated the trouble.
iv. Conditions or actions that increase the problem and those that give relief.
v. Other symptoms or conditions that are experienced at the same time as the main complaint.

3) OTHER COMPLAINTS

Describe any secondary problems, using the same layout as the above.

4) PERSONAL DATA

Give a detailed account of the following:

(I) Physical description of the child's build, height, weight, complexion, etc and include any changes that may have taken place as they have grown.

(ii) Milestones in Development. Give details of the following:
Age at which the child first sat, crawled, walked and talked, noting anything unusual. Age of first tooth and teething pattern. Any troubles associated with teething. Age of onset of puberty or menstrual period if applicable.

(iii) Emotional and intellectual nature: Irritability, moodiness, yielding or tenacious nature, ability to make friends and relate to family, friends and people generally, preference for company or solitude, 'sharing' nature or possessive, interests, hobbies and skills, self-image, self-confidence, events or situations which may have effected their development.

(iv) Diet. Types of foods consumed, quantities if significant. Cravings, aversions and foods which disagree, appetite and thirst.

(v) Reactions to surroundings: Weather, heat, cold, dampness, rain, draughts, phase of the Moon, allergens, activity, light, noise, odours, day, night, city, country, forests, mountains, sea, car travel, etc.

(vi) Sleep, dreams and nightmares - their frequency, themes, emotional effect.

(vii) List of all medications and supplements taken.

5. PREVIOUS ILLNESSES

Give a summary of the various illnesses that the child may have had at what ages and indicate if you feel that they may have had a bearing on present troubles. Also note any vaccinations that they had at what ages, and if there were any reactions.

6. FAMILY MEDICAL HISTORY

List the main health problems that have affected the child's parents, brothers, sisters and grandparents. Note any complaints that run in either parents' families whether the child shows signs of them or not.

7. OTHER DETAILS

Include any data that you feel may be relevant, but which has not been covered above.
Provide copies of any medical reports, tests, X rays, other reports etc. relating to the child's condition that you may have.

Enquiries: Dr. Kevin. Ryan Ph. 0439303000
Address all Correspondence to P.O. Box 298, Seddon, Victoria 3011.

Acupuncture 365 web site link