JACKIE CLASON, CCH.

PEDIATRIC INTAKE FORM

Today's Date _____

Child's Name _____

Parent's Name _____

Home Phone _____ Cell _____ E-Mail _____

Address _____ City_____ State _____ Zip _____

Birth date _____ Age_____ Sex (circle) M F

Referred by _____

Names of other health care practitioners _____

Name of nearest friend or relative who may be called in an emergency:

_____ Relationship _____

Phone number _____ Address _____

Instructions: Put a check in the boxes applicable to you/ write in your answer.

1) Reason for today's visit:

_____

_____

2) Illnesses/Injuries: Have you had:

- ❑ Mumps
- ❑ Measles
- ❑ Rubella
- ❑ Recurring headaches
- ❑ Diabetes
- ❑ Rheumatic fever
- ❑ Mononucleosis
- ❑ Liver/gallbladder disease
- ❑ Head injuries
- ❑ Poisoning of any kind
- ❑ Skin disorders
- ❑ Recurring backache
- ❑ Pneumonia
- ❑ Heart problems
- ❑ Broken bones
- ❑ Anxiety
- ❑ Depression
- ❑ Chicken pox
- ❑ Whooping cough
- ❑ Asthma
- ❑ Polio
- ❑ Tuberculosis
- ❑ Frequent colds or illnesses

List any other illnesses or injuries: _____

_____

3) Surgery/hospitalizations:

- ❑ Tonsillectomy _____
- ❑ Appendectomy _____

List any other operations or periods of hospitalization: _____

_____

4) Immunizations: Have you had any of the following immunizations?

- ❑ Polio
- ❑ Diphtheria/pertussis/tetanus (DPT)
- ❑ Measles, mumps, rubella (MMR)
- ❑ Smallpox
- ❑ Tetanus booster (last ten years)
- ❑ Hepatitis

List any others:

_____

_____

5) Allergies: Are you allergic to any foods:

drugs or medications: _____ Other substances: _____

6) Medications: List any medications you are currently taking: _____
_____

7) Habits/Environment: Do you:

- ❑ Awaken feeling unrested?
- ❑ Have trouble sleeping?
- ❑ Have problems with constipation?
- ❑ Have trouble relaxing or enjoying your spare time?
- ❑ Have problems at school?
- ❑ Do you exercise?
  How much and how often? _____

8) Diet: Do you:

- ❑ Feel your diet is inadequate?
- ❑ Eat at irregular intervals?
- ❑ Eat in a hurried atmosphere?
- ❑ Eat quickly and forget to chew?
- ❑ Eat between meals?
- ❑ Drink with meals?
- ❑ Eat out more that once a week?
- ❑ Follow a special or restricted diet?
- ❑ Avoid certain foods?
- ❑ Regularly salt your food?
- ❑ Regularly eat fried food?
- ❑ Use sugar on your food or in drinks?
- ❑ Use sugar in cooking?
- ❑ Eat foods with artificial coloring, flavoring, or preservatives?
- ❑ List all vitamins or dietary supplements you are taking:
  _____
  _____

9) Family History:
Which member of your family or near relatives had/have:

Diabetes_____ Cancer_____
Hives or hay fever_____ Depression_____
Arthritis or gout_____ Stroke_____
Thyroid problems_____ Epilepsy_____
Bleeding problems_____ Neurological disease_____
Weight problems_____ Anxiety_____
High blood pressure_____ Asthma_____
Tuberculosis_____ Venereal disease_____
Heart problems_____ Alcoholism_____
Kidney problems_____ Drug addiction_____

10) Any other pertinent information:
_____
_____
_____

GENERAL CONSENT FORM

Name_____

*Child's Name (If applicable)*_____ *Date of Birth*_____

Jackie Clason, CCH. has been in practice since 1991. She is registered with the North American Society of Homeopaths and is certified with the Council for Homeopathic Certification. She has agreed to abide by the Code of Ethics of each of these organizations.

Homeopathy views health and illness in a holistic manner and this view is different form the standard, conventional approach which usually limits its concerns to individual symptoms. In working with the whole person, the homeopath regards the mental and emotional as well as physical aspects as important. A minor aggravation or worsening of some symptoms may occur as a part of the healing process.

CONFIDENTIALITY

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse; a reasonable suspicion that a client presents a danger to him or herself or to others.

CONSULTATION

I authorize discussion of my case notes with other professional homeopaths should assistance in remedy selection and/or symptom analysis be required (for myself or my child) or my best interest be served by such a consultation. In so doing, my right to privacy will be protected by withholding my name and all other identifying information.

CONSENT

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/ for my child. I understand that Jackie Clason is a homeopath and not a medical doctor, and it is therefore recommended that I retain the services of a primary care physician for appropriate evaluations and check-up for myself/for my child. I further understand that Jackie Clason does not diagnose, treat or prescribe for any particular symptoms, disease or condition. I understand that she will work on increasing my/my child's general vitality and constitutional strength.

Signature:_____ Date:_____