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### Prenatal History

Number of previous pregnancies by mother: \_\_\_\_\_ Mother's age at child's birth? \_\_\_\_\_

Mother's health during pregnancy:

\_\_\_\_\_ Physical or emotional trauma      \_\_\_\_\_ Bleeding      \_\_\_\_\_ Nausea  
\_\_\_\_\_ Cigarettes, alcohol, drug consumption      \_\_\_\_\_ Medications  
\_\_\_\_\_ Hypertension or pre-eclampsia      \_\_\_\_\_ Thyroid problems      \_\_\_\_\_ Diabetes

Any other pregnancy complications or illnesses? \_\_\_\_\_

### Birth History

Term: (*Check*) Premature \_\_\_\_\_ Full \_\_\_\_\_ Late \_\_\_\_\_ Weight at birth \_\_\_\_\_

Length of labor \_\_\_\_\_ Complications? \_\_\_\_\_

Did your child have any of the following problems shortly after birth?

\_\_\_\_\_ Birth defects      \_\_\_\_\_ Birth injuries      \_\_\_\_\_ Breathing problems  
\_\_\_\_\_ Cerebral palsy      \_\_\_\_\_ Seizures      \_\_\_\_\_ Jaundice  
\_\_\_\_\_ Colic      \_\_\_\_\_ Rashes      \_\_\_\_\_ Infection or antibiotics

Other (explain) \_\_\_\_\_

### Growth & Development (applicable for ages 0 – 3)

Feeding: Breast fed? Y / N      How long? \_\_\_\_\_      Formula? Y / N

Age began solids \_\_\_\_\_      Which foods? \_\_\_\_\_

Age began: Sitting \_\_\_\_\_      Crawling \_\_\_\_\_      Walking \_\_\_\_\_      Talking \_\_\_\_\_

### Symptoms (mark **Y** if current, **P** significant past symptom)

_____ Hives	_____ Headaches	_____ Fatigue
_____ Allergies	_____ Vomiting spells	_____ Anemia
_____ Eczema or rash	_____ Stomach aches	_____ High fevers
_____ Wheezing/Asthma	_____ Motion sickness	_____ Sore throats
_____ Easy bruising	_____ Gas	_____ Frequent colds
_____ Cries easily	_____ Low appetite	_____ Sore ears
_____ Hyperactive	_____ Diarrhea	_____ Cough
_____ Anxiety	_____ Constipation	
_____ Sleep problems	_____ Frequent urination	
_____ Unusual fears	_____ Joint pains	

Other major symptoms currently: \_\_\_\_\_

### Typical Daily Diet:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

To Drink: \_\_\_\_\_

Food intolerances (if any) \_\_\_\_\_

Welcome! We're honoured to be of service to you and your child.