



ENVISION HEALTH
PROVIDING ALTERNATIVE HEALTH SOLUTIONS

Leigh-Anne Simms & Juan Jose Polit

BHSc Naturopathy

182 Fulham Rd, Gulliver, Qld, 4812

07 4755 2100

www.envisionhealth.com.au

Child Patient Card

Date _____

NAME _____

PARENT NAMES _____

ADDRESS _____

SUBURB _____ POSTCODE _____

PHONE No _____ BUS. No: _____ MOBILE _____

EMAIL _____

DATE OF BIRTH _____ Current age: _____ PLACE OF BIRTH _____

SIBLINGS? _____ HEALTH FUND _____

REFERRED BY _____ DOCTOR _____

BLOOD GROUP _____ ALLERGIES _____

Have you ever had previous Naturopathic care? _____ If yes state approx when _____

MAJOR COMPLAINTS

OTHER COMPLAINTS _____

BIRTH _____

BREASTFED _____ HOW LONG _____

BOTTLEFED _____ FORMULA _____

CURRENT MEDICATION: _____

NATURAL SUPPLEMENTS:

VACCINATION HISTORY:

Please check the vaccines your child has received and approximate date, if possible:

Measles, Mumps, Rubella (MMR)		Diphtheria, Pertussis, Tetanus (DPT)		Chicken Pox	
Pneumococcus		Hepatitis A		Flu Shot	
HiB (Influenza B)		Hepatitis B		Polio	

Has your child had any adverse reactions after a vaccine? Please describe _____

Surgery or Accidents _____

Please indicate, if any, of the following, your child has had either **Now (N)** or in the **Past (P)**:

Allergies	Eczema	Mono	Strep throat	
Abscesses	Emotional abuse	Mumps	Tonsillitis	
Asthma	Epilepsy	Parasites	Tuberculosis	
Bed Wetting	Eye Infections	Physical abuse	Unusual Fears	
Bladder infections	Fatigue	Pneumonia	Vision issues	
Broken bone	Fungal Infections	Rectal bleeding	Vomiting	
Bronchitis	Gas/bloating	Rheumatic fever	Walking Problems	
Chicken Pox	Growing Pains	Ringing in ears	Warts	
Chronic Sore Throats	Headache	Scarlet fever	Whooping cough	
Cradle cap	Hemorrhoids	Sexual abuse	Worms	
Croup	Herpes	Sleeping Problems	Yeast infections	
Diarrhea	Lice	Small pox	Other:	
Diphtheria	Measles	Speech problems		
Ear Infection	Migraine	Stomach Aches		

List any contagious diseases you may have come in contact with _____

FAMILY HISTORY:

Please check any of the following that pertain to your immediate family:

Allergies		Blood disorders		Heart disease		Irritable bowel	
Arthritis		Cancer		Hepatitis		Kidney disease	
Asthma		Depression		Herpes		Thyroid disease	
Autoimmune disease		Diabetes		HIV/AIDS		Tuberculosis	
Birth Defects		Eczema		Hypertension		Ulcers	

Other _____

Is there any other information you think is important for me to know? _____

DIET:

What sort of foods does your child crave? _____

How would you describe your child's appetite? _____

Is your child a fussy eater? _____

List what foods you eat/ examples of foods or dishes, drinks and if you skip meals

Before Breakfast _____ Time _____

Breakfast _____ Time _____

Morning Tea _____ Time _____

Lunch _____ Time _____

Afternoon Tea _____ Time _____

Dinner _____ Time _____

Supper _____ Time _____

Does your child consume the following and how much per day?

Cordial _____ Milk drinks _____ Sweets _____ Soft drinks _____ Chocolate _____
Fruit juice _____ Ice cream _____ Hot Chips _____ Packet of chips _____ Other _____

Do you add sugar to food/beverages? _____

How many teaspoons per day? _____

How much water does your child drink a day _____

Is the water filtered? _____

What type of exercise does your child do and how often? _____

What does your child like to do in their down time (ie left unattended)?

SCREEN TIME:

How much screen time does your child get on a weekly basis?

How does your child respond when screen time is over?

SLEEP:

What time does your child go to bed? _____ What time does your child wake up? _____

average hours of sleep your child gets _____

Problems falling asleep _____ Problems staying asleep? _____

Any signs of sleep apnea _____ Jaw clenching _____ Mouth or nose breather? _____

waking up/ how often _____ what time _____ Waking tired _____

Your child's mood immediately after waking

BOWELS:

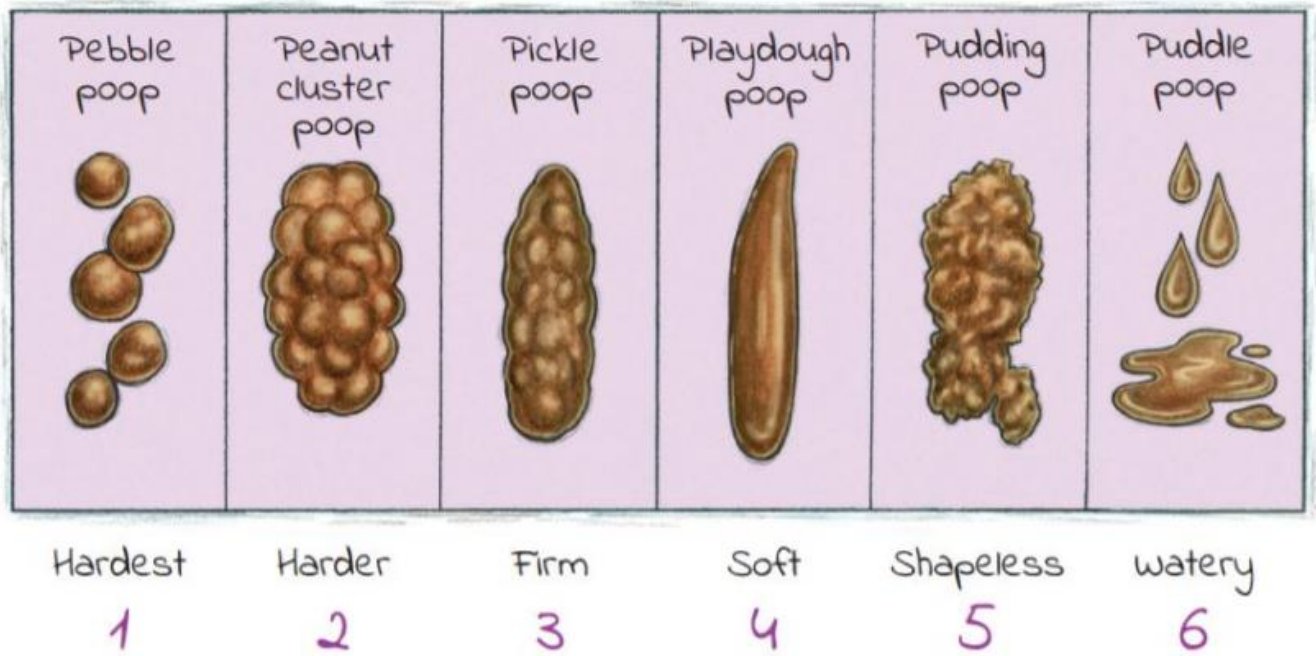
How often is your child going to the toilet to urinate? _____ Poo? _____

Does your child prone towards: Constipation _____ Diarrhea _____

Frequent Urination? _____ how often _____ urgency _____ colour _____ odor _____

Consistency of stool: soft formed, pebbly, hard dry, mushy, runny, urgency, explosive diarrhea, other _____

Does your child complain of an itchy bum or scratch bum regularly? _____



Bedwetting: _____

Behavioral concerns? _____

Developmental concerns? _____

How would you describe your child's temperament _____

How do they handle stress _____

How does your child express their emotions _____

Has your child experienced any emotional traumas _____

Has your child experienced any abuse (sexual/physical/mental) _____

Is your child exposed to second hand smoke _____ Are there any smokers in the house _____

Is there any mold in your home? _____

Has your child developed any repetitive behaviors or Ticks?_

Any pets _____

Energy levels _____

How long do you think natural therapy will take to begin to have the desired effect? _____

What are you willing to do in order to achieve these results? _____

Are you aware of any obstacles in achieving you desired outcome? _____

Highlight any areas of concern:



Any major areas of concern:

Welcome to Envision health naturopathic clinic!

About us

At Envision Health Naturopathic clinic we want your kids to feel better. Our vision is to create a safe space for all our patient in which they can strive for their optimum health. We know that in today's works, striving for optimum health is not easy – its incredibly challenging. At Envision Health we work to empower our patient to feel the best they can feel. We aim to educate our patient so that they can make the most informed decisions about their care.

Naturopathic medicine is the treatment and prevention of disease by natural means. Naturopaths asses the whole person, taking into consideration the physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the bodies inherent healing capacity.

During your initial one hour consultation we will take a thorough case history and may perform, if deemed necessary, physical examination, live blood analysis, Bio impedance analysis, iridology etc. Second visits are 45 minutes in length and may include a review of initial consultation signs and symptoms and comparative testing and or further testing.

Refill consultations are generally 20-30 minutes are to do a quick review on an already established treatment plan

Informed consent for naturopathic care

I declare that the above information is true and correct and indemnify Leigh-Anne M Simms and or Juan Jose Polit Of Envision Health of any liability for any false or misleading statements given.

I understand and accept that the naturopathic treatment received by your office is of a holistic therapeutic nature and does not attempt to diagnose or treat disease. I also understand and accept that the Cellular Health Analysis (VIA), Live blood analysis, Iridology, Kinesiology/muscle testing, Vega or any other tests performed by the clinic are not diagnostic in any way.

I understand and accept that data collected about myself during this consultation and subsequent consultations will remain the property of Envision Health Qld, as part of case history records. This information will remain private and confidential at all times.

I understand the above information and accept Naturopathic treatment at Envision Health

Name of Child _____

Name of Guardian _____

Signature _____

Date _____

