__Anxiety __Screaming or excessive Crying __Poor Comprehension __Argumentative

__Moody__Outbursts __Destructive behavior __Procrastinates __Difficulty Sleeping

__Dislike of cuddling or being touched __Dyslexia __Vision Problems __Hearing Loss

__JuvenileDiabetes __Excessive Thirst __Cranky/ tired if Hungry & Eating relieves

__Reaction to Vaccinations__Cold Hands & Feet __Excessive Perspiration __

__Epilepsy/Seizures __Heart Murmur__Lupus __Lymes __Crohn's Disease

__Sarcoidosis __Hepatitis __Arthritis__Rheumatic Fever __Interstitial Cystitis

__Cancer_____

Girls:

__Non-menstruating / Menstruation 1st began_____ __Ovarian cysts

__Irregular Periods __Painful Periods __Vaginal Yeast Infections

Injuries:_____

Congenital Abnormalities:_____

Other:_____

List Surgeries_____

List Medications:_____

List any food cravings_____

List typical beverages_____

We wish to remind you that in Holistic Medicine your input is of utmost importance. We ask that you do not blindly follow recommendations unless you fully understand them and feel completely comfortable. **Do not discontinue any prescription without the advice of your prescribing Physician.** I fully understand that I am not pressured in any way to follow these recommendations and can freely consult my Physician at any time.

Patient/Guardian
Signature_____ Date_____

Child Health Questionnaire

TREE OF LIFE WELLNESS CENTER, INC.

Name_____Age____DOB_____Weight____Date_____

Address_____
Street city/town State zip code

Telephone#_____Parent/Guardian_____

Reason for Appointment_____

Check off any symptoms that apply to your child (past or present).

Before Birth Symptoms

__Extreme over activity __Prolonged hiccupping __Vigorous kicking

Problems for mother or child with Pregnancy &/or Birth_____

_____

General Childhood Symptoms

__Prolonged colic __Excessive spitting __Nausea __Repeated vomiting __Diarrhea

__Anorexia/Bulemia __Constipation__Gas/Belching __Eczema __Psoriasis__Rashes

__Acne __Dry Skin __Dandruff __Brittle Nails__Dry Hair __Warts __Bed wetting

__Strong smelling Urine ___Bladder Infections __Red cheeks __Excessive drooling

__Head banging __Red Earlobes __Bad body odor __Fungal Infections__Herpes

__Dark eye circles__Bags under eyes or wrinkles __Eye discharge __Eye Infections

__Asthma __Allergies __Restless legs __Joint pain __Muscle cramps __Headaches

__Migraines __Grinds Teeth__Neck Pain __Back pain __Scoliosis __Shingles

__Chicken pox __Measles __Mumps __Roseola __Fifths Disease __Tubes in Ears

__Frequent colds __Chronic Congestion __Sore throats __Chronic Ear Infections

__Respiratory Infections __Sinus Infections __Excessive Bruising __Cold Sores

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__Hyperactivity __Restlessness __Lethargic __Poor concentration __Spacey

__Impulsive __Short attention __Discipline problems __Depression __Irritability