

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
 Juvenile Diabetes 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 _____