John Ourant ✧ Elemental Homeopathy

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Medical Background Form: Child

Don’t worry if there are some questions you don’t have answers to—just fill out what you can. Please use another sheet of paper if necessary. This information is confidential.

Child’s Name: Current Age:

Mother:

Please list any medications being taken around the time of conception:

Were there any new medications taken during pregnancy?:

What drugs (if any) were used during or after labor, or to induce labor?

Father:

Please list any medications being taken around the time of conception:

Child:

Please list all medications, herbs, etc. that your child is currently being given:

What medications has your child been prescribed in the past:

Has your child had any bad reactions to immunizations? If yes, which one(s) and what happened?:

Please list all operations/hospitalizations/serious injuries to date:

Family History

Please list your familial health issues, such as: Alcoholism/Addictions, Allergies, Asthma, Autism/Asperger’s, Birth Defects, Cancer (specify type), Diabetes, Epilepsy, Heart Disease, Hepatitis, Kidney Disease, Mental Illness, Psoriasis, Rheumatism/Gout, Stroke, etc.;

and infectious diseases in the family history, for example: Cholera, Diphtheria, Malaria, Polio, Scarlet Fever, Tuberculosis/Pleurisy, Typhoid, Venereal Diseases, etc.

| *Relation to Child* | *Infectious Diseases/Health Conditions/Causes of Death* |
| --- | --- |
| Mother |  |
| Father |  |
| Brothers/Sisters |  |
| Maternal Grandparents |  |
| Maternal Great-Grandparents |  |
| Maternal Aunts & Uncles |  |
| Paternal Grandparents |  |
| Paternal Great-Grandparents |  |
| Paternal Aunts & Uncles |  |