

# Homoeopathy

**Homoeopathy** is a unique system of healing. Selection of the correct remedies for your child requires us to know your child's background and present characteristics in as much detail as possible. This is because Homoeopathic medicines are prescribed for individual people, not for diseases as such. For example, several people seeking the help for the same 'disease' would most likely be given different remedies because their individual symptoms and characteristics differed. The remedy is matched to the totality of your child's characteristics, not to his or her 'disease'. Because detailed information is vital to accurate prescribing, we have asked you to write a 'life picture' of your child to assist us in helping him or her. This will take a little time and effort, but the potential benefits to your child's health far outweigh any inconvenience. Incomplete information will make correct remedy selection difficult. What you will write will form the nucleus of our data and provide the basis for further inquiry in our discussions with you. If your child is old enough to answer any sections please involve them, as often the parent can assume things about the child which are incorrect or not as the child sees them.

All the information will of course be treated as strictly confidential. Please follow the guidelines set out below.

*Thankyou for agreeing to write your child's history. I appreciate your help. When you have finished, post or deliver it to me as soon as possible to allow me time to study it before your next visit or call.*

## IDENTITY & ENVIRONMENT

Begin by setting out the following:

Full name; Date of birth; Address;  
Parents telephone numbers, email address

If your child is of school age describe the following:

Each level of school attained (eg. Kindy, Primary, Secondary etc) and the level of achievement reached. Please describe any difficulties that they may have had or may be having with school work or socially with friends or teachers.

Current family situation: Details of all family members, their ages, location if away from the family, occupation if working. Include details of any family members who have died, giving age of death and cause, age of child at time of the bereavement. Family difficulties or discord as these may have a bearing on your child's health.

Daily routine: Describe the child's routine over a typical 24hr period including sleep patterns. Include anything of note regarding meals and bodily functions.

Any other factors which may be relevant to the environment in which the child lives, works and plays.

## PREGNANCY HISTORY

Describe your pregnancy with this child/children, include any cravings and aversions and your state of health and mind Give details of the delivery & labour What was the birth weight and APGAR scores (if known)

## MAIN COMPLAINTS

Give a full description, each in turn, of the ailments (physical or emotional) bothering your child, detailing:

- (i) Area of the body or behaviour affected, from time of onset, through development and spread of problem. The course of events and response, or lack of it, to treatments
- (ii) Sensations or emotions experienced in the area of trouble, using the child's words if possible.
- (iii) Conditions, physical and/or emotional, that may have brought on or aggravated the trouble (examine the circumstances both before and at the time of onset.)
- (iv) Conditions or actions that increase the problem and those that afford relief eg. presence of water or steam, the effect of the weather, the effect of local heat or cold or emotional situations etc.
- (v) Other symptoms or emotions which are experienced at the same time as the main complaint.

## PERSONAL DATA

Give a detailed account of the following:

(i) A physical description of the child's build, height, weight, complexion etc. and include any changes that have taken place as they have grown.

(ii) Milestones in Development. Give details of the following:

- Age at which the child first sat, crawled, walked, talked, noting anything unusual.
- Age of first tooth and teething pattern. Any troubles associated with teething.
- Age of onset of menstrual periods if applicable.

(iii) Emotional and intellectual nature: Irritability, moodiness, yielding or tenacious nature, ability to make friends and relate to family, friends and people in general; preference for company or solitude, sharing nature or possessiveness, interests, hobbies and skills, self image, self confidence, events or situations that may have affected their development. Known triggers for emotional responses

(iv) Diet: Types of foods consumed, quantities, if significant. Cravings, aversions, and foods which disagree. Appetite and thirst.

(v) Reactions to surroundings: Weather, heat, cold, dampness, rain, drafts, phase of the moon, allergens, activity, light, noise, odours, day, night, city, country, forests, mountains, sea, travel etc.

(vi) Sleep, dreams and nightmares – their frequency, themes, emotional effects.

(vii) List all drugs, medications, vitamins and supplements taken.

## PREVIOUS ILLNESSES

Give a summary of the various illnesses that the child may have had, at what ages and indicate if you feel that these illnesses may have a bearing on the present problems. Also note any vaccinations they have had, at what ages and if there were any reactions.

## FAMILY MEDICAL HISTORY

List the main health problems that have afflicted the child's parents, brothers, sisters, grandparents. Note any complaints that run in either parents families whether the child shows signs of them or not.

## OTHER DETAILS

Include any data that you feel may be relevant but which has not been covered above.

## ENCLOSURES

Provide copies of any medical reports, tests, x-rays, other reports etc. relating to your child's condition, that you may have.



# GUIDELINES FOR WRITING YOUR CHILD'S MEDICAL & PERSONAL HISTORY

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