

MEDICAL – EDUCATIONAL HISTORY FOR HOLISTIC MANAGEMENT OF CHILDREN (DIRECTION FOR A WRITTEN SUBMISSION)

INTRODUCTION:

1. Holistic treatment demands comprehensive understanding of disease as well as that of the person. At Make My Health, we make holistic care experiential by making a comprehensive, in-depth and systematic study of the difficulties that our patients face. By doing this we create a best opportunity to provide effective and quality health care solutions in the form of Homeopathic medications, psychological testing & counseling, diet & lifestyle counseling etc.

For holistic management of your child, it is important for us to understand the family set up, child's behaviour, temperament, pattern of relationship and scholastic performance.

Accordingly we have designed this questionnaire. The information you supply forms the basis of further investigation. Full co-operation therefore, is required- ALL INFORMATION SUPPLIED IS, OF COURSE STRICTLY CONFIDENTIAL.

2. Also for finding out a correct Homoeopathic Remedy, information regarding: disease as well as that of the person is required.
3. Incomplete information will make correct choice difficult. You are therefore requested to supply all information without keeping back anything as irrelevant or of little importance.
4. Children with Psycho-educational problems will be investigated in details by various experts. Suitable appointments will be given to them.
5. We are sure you shall be fully co-operating with us in rendering you the best possible Service.

PRELIMINARY INFORMATION:

Please supply the following information as standard routine: Name in full, Address, parent's phone no including landline and mobile nos. Date- of-Birth, Sex, Religion/Community/sect, School, Standard, Vegetarian / Non-Vegetarian/ Eggs, Habits: Tea, Coffee, Milk, Chocolates, etc.

Description of the current family set up, full description pertaining to all the members, their ages, location, work they are doing, their monthly income and the child's relationship with them. State if the parents have married within family (i.e. consanguineous marriage).

Child's daily routine from getting up in the morning to retiring at night. Include in this dietary schedule furnishing full details in respect of the quantities consumed. State the time spent for studies and recreation.

HISTORY OF PRESENT PROBLEMS:

For children having psychological & educational problems:

Give your understanding of child's psychological, educational & medical problems: focusing on:

1. How and when it started, any significant event associated with it.
2. Description of the complaint: Frequency / Duration / Presentation of the complaint.
3. Nature of the previous treatment taken if any and its effect.

Other Complaints:

Give a full description of the trouble right from the time of onset. It's subsequent development, spread and response to treatments taken. This should give full idea of:

1. Area affected: Location, extension, direction of spread, the march of events.
2. Sensation experienced in the area of trouble.
3. Condition that have brought on the trouble: examine the circumstances that occurred, just before or at time of onset paying attention to physical as well as emotional factors.
4. Condition that increase the trouble or those that afford relief.

PERSONAL HISTORY:

1. Data pertaining to mother:
 - (a) Health during pregnancy
 - i) Physical complaints during pregnancy
 - ii) Emotional state during pregnancy
 - (b) History of miscarriages/ abortions before or after
 - (c) Any treatment taken to conceive
 - (d) Term of pregnancy: Full term/pre mature/post mature.
 - (e) Type of delivery: Normal/ Caesarean/ Vacuum/ Forceps
 - (f) Give details pertaining to the child under following:
 - (i) Birth weight
 - (ii) Any known problems after delivery (attach hospital Card for the information).
 - (iii) Any congenital defects.
 - (iv) Physical Disability: temporary / permanent

- (v) Early development: State the age at which child started Sitting, Teething, Crawling, Talking, Standing, Walking, Bladder control, Bowel control.

Give a full account of the following:

1. Physical description of the child.
2. (a) Emotional nature: anger, fears, attachments, shyness etc. Mention if you have noted any change in child's Behaviour / Nature recently and reasons for the same.
(b) Intellectual attainments: School performance, Extracurricular activities, Hobbies, etc.
(c) Give a clear cut Picture of child's relationship with the family members, friends and teachers school/ tuition. Discuss the difficulties experienced by the family if any present as well as past.
(d) Describe child's behaviors:
 - (i) In group of Children
 - (ii) With guests
 - (iii) While attending party or function
3. Reactions to surroundings.
 - (a) Food: desire and aversions including desire for chalk, earth, etc. foods that do not suit, etc.

SCHOOL HISTORY: (For children with psychological & educational problems):

- (i) Name and Address of School attending at present.
- (ii) Class in at Present.
- (iii) School timing.
- (iv) Medium of instruction.
- (v) Age of starting school.
- (vi) Names and dates of school attended in the past and reasons for changing.
- (vii) Any change in medium of instruction.
- (viii) Early school experience.
- (ix) Regularity in school.
- (x) Adjustment in school: with teachers : with peers.
- (xi) Interest in studies.
- (xii) Academic performance.
- (xiii) Any change in performance in the school.
- (xiv) Any discontinuation of failure in studies (specify the period, class and possible reasons).
- (xv) Any specific learning disability.
- (xvi) Participation in school activities.
- (xvii) Participation in extra-curricular activities.
- (xviii) Does the child get help in his/her studies at home?
- (xix) His relationship with the person who helps the child with school work.

PREVIOUS ILLNESS:

Give a resume of the various illnesses the child has had and to what extent those have any bearing on present troubles.

FAMILY HISTORY:

Data concerning the Parents, Brothers and Sisters. Also state details concerning the health of grand parents and other blood relative on both sides.

Include in your list those who have died stating the age of death, the year and cause for the same.

GENERAL COMMENTS:

Include here any items, which have not been included above.

ENCLOSURE:

1. Referral note from your Physician (if you have been referred) & Old Medical records
 2. Please attach the Xerox copies of previous school reports, teacher's notes, medical reports, and psychological evaluation if any.
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Above history has to be written on a separate sheet and sent to us before the date of your appointment.