



Thank you for choosing me to support your child on a pathway to better health and wellbeing. I look forward to supporting your choice to restore what nature intended for your child!

Please fill out the information below as best you can before your appointment.

This will allow me to spend more time on your child and your child's health during their first visit.

All information contained on this form and during the consultation will be treated with the utmost confidentiality and no information will be given to any persons without your direct consent.

I look forward to seeing you and your child soon.

Courtney Dixon
(BPharm, GradDipClinPharm, AdvDipNat)

Appointment Date: / / **Time:**

What to bring:

Any previous medical test results

Any letters or paperwork that may have been provided by your GP or other medical professional

PERSONAL DETAILS

CHILD'S NAME:	
PREFERRED NAME:	
CHILD'S DATE OF BIRTH:	
ADDRESS:	
YOUR NAME :	
RELATIONSHIP TO CHILD :	
PARENT/GUARDIAN EMAIL :	
PARENT/GUARDIAN MOBILE:	
EMERGENCY CONTACT NAME (if different to parent/guardian)	
RELATIONSHIP TO CHILD & PHONE:	
FAMILY DOCTORS NAME: & PRACTICE NAME	
NEWSLETTER: Would you like to receive a regular newsletter	Yes () No ()
WHO REFERRED YOU?	
FACEBOOK () FRIEND () DOCTOR () OTHER () IF OTHER, PLEASE PROVIDE DETAILS:	

CONCESSIONS HEALTH CARE STUDENT PRIVATE HEALTH FUND	Yes () No () Yes () No () Yes () No () If yes health fund name :
What is/are the main health concerns that you would like to address?	
Has your child received prior treatment for this/these conditions? If yes, please details below:	
Has your child had any major health issues in the past ? If yes please detail below:	

Does your child have any of the following allergies or intolerances?

Please **tick** for those with yes:

Dairy		Soy products		Artificial colours	
Tomatoes		Yeast		Wheat	
Cigarette smoke		Dust Mites		Alcohol	
Grasses and pollen		Gluten		Jewellery	
Band-aids		Sugar		Cleaning Products	
Fur		Starch		Artificial flavours	

Allergies to Medicines: Yes () No ()

Details :

Any other allergies? Please detail below:

Daily routine: What type of activity does your child's day mostly consist of... eg school/computer/sport

Please detail any medications and/or supplements your child is taking:

NAME	DAILY DOSE & FREQUENCY	REASON FOR TAKING	DURATION OF USE

Other information about the medications/supplements you would like to provide:

What type of food does your child normally eat? Please note down the foods and beverages that your child has consumed in the last 24 hours and observed adverse effects if any.

TIME	CONSUMED	ADVERSE EFFECTS
BREAKFAST		
MORNING TEA		
LUNCH		
AFTERNOON TEA		
DINNER		
DESSERT/SUPPER		
SNACKS OR BEVERAGES		

Please mark any symptoms the child is experiencing/has experienced:

Abnormal visual provoked potential		Acne	
Ascending pyramidal track signs in legs		Aggressive behaviour	
Agitation		Albumin low	
Anaphylaxis		Angry Outbursts	
Anxiety		Asthma	
Ataxia - Lack of muscular co-ordination		Anxious, nervous, high internal tension	
Atopic dermatitis		Attention to detail	
Aversion to breakfast		Behaviour – moody, tantrums, hyperactive	
Can't stand losing		Clingy	
Compassionate less competitive, more accepting		Congenital brain abnormalities	
Congenital cardiac symptoms		Congenital genitourinary problems	
Constipation		Decelerating head growth	
Decreased appetite		Denny's lines ...face and skin	
Depression with isolation, paranoid		Developmental delay – global	
Developmental delay – global		Developmental delay early years	
Developmental regression		Diarrhoea	
Difficulty falling to sleep		Difficulty with authority figures	
Distinct facial features		Does not like change (ASD)	
Dyskinesia ..diminished voluntary movements and the presence of involuntary movements		Early greying	
Epilepsy		Excessive Laughter	
Face or Skin reactions		Family hx - x linked mental retardation	
Fears		Follicular hyperkeratosis	
Food avoidance		Frequent Mood swings (rage)	
GI upset		Growth Poor	
Head Banging		Headaches	
Hearing Loss		High Achiever	
High Libido – Addiction Prone		Hyperactivity	
Hypotonia		Insomnia	

Irritability		Jekyll & Hyde Behaviour	
Language - expressive language defects		Learning problems	
Lethargy- episodic		Light, Noise and Sound sensitivity	
Loves tomato sauce and berries high PF		Low frustration tolerance	
Low Stomach acids		Low Mood	
Malabsorption		Mental lethargy	
Mental retardation		Microcephaly	
Migraine		More creative/artistic	
Mouth reactions		Movement disorders	
Mucous in stool		Neurodevelopmental delay /standstill/ regression	
Night sweats		Night time waking	
OCD		Organisational ability	
Overstimulated and hyperactive		Poking Stomach	
Poor concentration		Poor growth	
Poor memory		Poor short term memory	
Poor socialization		Poor taste	
Poor wound healing		Posturing	
Protein Intolerance		Psychosis	
Rash/Thirst		Reading disorder (Dyslexia)	
Recurrent infections		Red ears (on outside) face	
Reflux		Retching	
Seasonal allergies		Seizures	
Seizures – intractable		Sensitivities to foods and chemicals but not season allergy	
Shiners		Shiners ...face and skin	
Sleep disturbance		Sleep poor quality	
Sleep problems		Slow recovery from infections	
Somnolence – episodic		Speech delay – severe	
Stool frequency		Stool incontinence	
Stool urgency		Stress intolerance	

Stretch marks		Strong motivation...	
Sudden worsening of behavior		Sweating/pallor	
Sweaty head in bed: bed/ pillow smells		Tantrums	
Temperature instability		Tension	
Toilet training inability		Tourettes type symptoms	
Underachiever regardless of intelligence		Unrest	
Urticaria		Usually crave the food that they are allergic to	
Very happy disposition		Violent behavior	
Visual disturbances		Vomiting-cyclic	
Vomiting		White spots on nails	