

ATLANTA CLASSICAL HOMEOPATHY

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INTAKE FORM FOR CHILDREN

- I. Observation: please circle the descriptions that apply to your child.
 - A. Eyes: soft, sharp, fearful, hysterical, delicate, angry, irritable, dissatisfied, painful, other?
 - B. Body: restless, slow, sensitive, clumsy, coordinated, other?
- II. General:
 - A. Diet:
 - B. Sleep Habits:
 - C. Reaction to Weather:
- III. Behavioral Analysis
 - A. Does the child prefer to play alone or with others?
 - B. Is the child a follower or leader?
 - C. Does the child play with younger children or with peers?
 - D. Is the child imaginative?
 - E. Is the child competitive or aggressive?
 - F. How does the child react to physical pain?
 - G. How does she/he play with animals or toys?
 - a) roughly
 - b) fearfully
 - c) gently
 - d) obsessed with a toy or blanket

IV. Independent vs. Dependent

- A. Is the child responsible?
- B. How does she/he handle being alone?
- C. What is the child's reaction if she/he does not get what she/he wants.
- D. What is the child's reaction to strangers?

V. Patterns

- A. What are the child's sleep patterns?
- B. When is the child's fed?
- C. When does the child play?

VI. Mental/Emotional States

- A. Is the child very sensitivity to pain, injury, noise, or touch?
- B. Does the child prefer to be carried?
- C. Is the child better or worse with attention or consolation?
- D. Is the child sensitive to other's pain, to parents' fighting, to weather, to movies, or to sad stories?
- E. Is the child easily startled?
- F. How does she/he get along with siblings?
- G. Has the family moved many times?
- H. Is there any alcoholism, drug use, or tension in the family?
- I. Is there fear of punishment by God?
- J. How is the child punished?
- K. When is the child punished?
- L. Is the child compared with siblings or parents?

VII. Story about the child

- A. Has the child experienced grief, deaths, or frights?
- B. What is the mother's description of her pregnancy, labor, and birth?
- C. What is the family's history of health?

VIII. Objective symptoms

- A. What is the most common facial expression of the child?
- B. Are the pupils dilated?
- C. Does the skin look healthy?
- D. Does the child sweat? If yes, where? Is the odor of the sweat offensive?
- E. Does the child have offensive breath?
- F. What is the child's reaction to light?
- G. Does the child have blood in the stool?
- H. What is the color of stool?
- I. Strength:
 - a) How strong is the child's grasp?
 - b) How is the child's posture?
 - c) How does the child hold his/her head?

IX. Sleep:

Does the child have insomnia due to pain, fear, over-excitement, want of attention, or an overactive mind?