



Marcelo Garzon HOM.DSHomMed.Bsc.

[www.sagehomeopathy.ca](http://www.sagehomeopathy.ca)

Child Homeopathic Consultation Form

Patient's Name: \_\_\_\_\_ Date of Birth: D\_\_\_\_\_ M\_\_\_\_\_ Y\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City Postal code

Telephone: Home: \_\_\_\_\_ Work(M.) \_\_\_\_\_ Work(F.) \_\_\_\_\_

Telephone: Other(M.) \_\_\_\_\_ Other (F.) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Referred By: \_\_\_\_\_ Present M.D. and Phone no.: \_\_\_\_\_

Major complaints in order of importance:

Complaint	Since	Causes

Medications that your child is currently taking?

Medication	Since	Adverse Effects

Which of the following conditions has your child had?

- |                |                |                 |           |                 |               |               |
|----------------|----------------|-----------------|-----------|-----------------|---------------|---------------|
| Abscesses      | Allergies      | Anemia          | Asthma    | Chicken Pox     | Cold Sores    | Colic         |
| Ear Infections | Eczema         | Frequent Colds  | Influenza | Measles         | Mononucleosis | Mumps         |
| Parasites      | Pneumonia      | Rheumatic Fever | Rubella   | Scarlet Fever   | Skin Ailments | Strep Throat  |
| Sinusitis      | Sun Stroke     | Tonsillitis     | Thrush    | Travel Sickness | Tuberculosis  | Typhoid Fever |
| Warts          | Whooping Cough | Worms           |           |                 |               |               |

Any Other Major Conditions? \_\_\_\_\_

Are there any of the preceding conditions after which your child has not been totally well again?

Which ones? \_\_\_\_\_

**Vaccination History:**

Measles	Yes	No
Mumps	Yes	No
Rubella/German Measles	Yes	No
Chicken Pox	Yes	No
Whooping Cough	Yes	No
Meningitis	Yes	No
Hep B	Yes	No
Tetanus	Yes	No
Haemophilus	Yes	No
Pneumococcal	Yes	No
Meningitis	Yes	No
DPPT	Yes	No

**Any Adverse Effects from any of these Vaccinations?:**

**Any Major Operations/Injuries?**

Operation/Injury	When	Complications

**Which of the following ailments, or any other major ailments, have affected your child's relatives:**

- |              |            |              |               |                |            |           |
|--------------|------------|--------------|---------------|----------------|------------|-----------|
| Alcoholism   | Allergies  | Arthritis    | Asthma        | Cancer         | Depression | Diabetes  |
| Epilepsy     | Gonorrhoea | Gout         | Heart Disease | Mental Illness | Paralysis  | Pneumonia |
| Skin Disease | Syphilis   | Tuberculosis |               |                |            |           |

Relative	Age if alive	Age at death	Ailments
Mother			
Father			
Brothers			
Sisters			
Maternal Grandmother			
Maternal Grandfather			
Maternal Aunts/Uncles			
Paternal Grandmother			
Paternal Grandfather			
Paternal Aunts/Uncles			



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Previous pregnancies by natural mother, miscarriages or complications?

\_\_\_\_\_

Mother's age at child birth: \_\_\_\_\_ Mother's Health during Pregnancy? List any bleeding, nausea, illness, physical or emotional trauma, hypertension, diabetes, medications, alcohol, drug, cigarette consumption, etc. \_\_\_\_\_

Birth History: Full Term \_\_\_\_\_ Premature: \_\_\_\_\_ Late: \_\_\_\_\_ Weight at Birth: \_\_\_\_\_

Length of Labour: \_\_\_\_\_ Complications: \_\_\_\_\_

At what age did your child begin to: Sit \_\_\_\_\_ Crawl \_\_\_\_\_ Walk \_\_\_\_\_ Say First Words \_\_\_\_\_

Feeding: Breast Fed? \_\_\_\_\_ How long? \_\_\_\_\_ Formula? \_\_\_\_\_ Milk/Soy or other? \_\_\_\_\_

Food Intolerances? \_\_\_\_\_ Age began solid foods? \_\_\_\_\_

Is there any other information that I need to know?

\_\_\_\_\_

**Medical/Professional Waiver PLEASE READ THE FOLLOWING CAREFULLY (if under 19 years of age, a parent or guardian must sign)**

I would like to take this opportunity to welcome you to the office of Marcelo Garzon HOM.DSHomMed.Bsc. This office utilizes the principles and practices of Classical Homeopathic Medicine and other supportive therapies to assist the body's own ability to heal to improve the quality of life and health through natural means.

I (printed name) \_\_\_\_\_ the undersigned, understand that Marcelo Garzon is a homeopathic practitioner of classical homeopathy and not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions. In consulting with Marcelo Garzon, I am exercising my right to choose an alternative method of treatment through which to address my total health. As homeopathy is not covered by the existing government medical insurance plan, I agree to pay all fees presented in the current rate schedule. I acknowledge that all personal information will be kept confidential. I consent that from time to time I may receive e-mails from Sagehomeopathy which will provide me with relevant health information/newsletter, upcoming events. I understand that I can unsubscribe to these e-mails at any time.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_