DR.MUNJAL THAKAR'S CLINIC

Classical Homeopath

QUESTIONNAIRE FOR CHILDREN CASES

Your are requested to fill in this Preliminary Questionnaire, so that the doctor is oriented to your problem(s) before the detailed case-taking.

[PLEASE FILL IN THE ANSWERS IN THE SPACE BELOW, IF NEED BE YOU MAY ATTACH EXTRA SHEETS.]

•	Name:		
•	Age/Birthdate:		Gender: Male/ Female
•	Education:		
•	Father's Name:		Father's Age:
•	Father's Occupation/De	esignation:	
•	Mother's Name:		Mother's Age:
•	Mother's Occupation/E	Designation:	
•	Residential Address:		
•	Office Address:		
•	Phone:	Mobile:	Email:
1	Tell us the problems th	at the child is suffe	aring from ?
1.		at the child is Suff	ering nom :
	a)		

	b)		
	c)		
	d)		
2.	Any	y other problems that you have, other than those mentioned above?	
		b.	
		c.	
3.	What are the illness the child has suffered from since birth?		
	a)	During Delivery:	
	b)	Immediately after birth	
	c)	Before age of 1 year	
	d)	From 1 yr to 3 years	
	e)	From 3 to 6 years	
	f)	After 6 years	

4.	Is your child vaccinated? Any problem(s) after	vaccination?			
5.	hat physical problems mother had during pregnancy (List them)?				
	b)				
	c)				
	d)				
6.	What emotional stress/tensions mother had during pregnancy (List them)?				
7.	Any emotional stress/tension father had during pregnancy of child's mother (list them)?				
8.	What illnesses family members suffer from?				
	Mother:	Brothers/Sisters:			
	Maternal Grand Mother:	Father:			
	Maternal Grand Father	Paternal Grand Mother:			
		Paternal Grand Father:			
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Who are the people staying in the house with the child?
What are the ages of the siblings/cousin staying with the child?
Who is the care-taker of the child for most part of the day? (Especially if mother has a job.)
Does your child have a problem with any specific child in the house/outside home? Who s/are it/they?
Does your child have a problem with any adults at home or school? Who are they?
What are the reports from school about your child?
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