



Dr. Brian Davies ND, BSc

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

Paediatric Health Appraisal Questionnaire  
and  
Consent for Treatment of a Minor

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PATIENT INFORMATION

First Name: \_\_\_\_\_ Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone of Guardian: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

Name of Family Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: (other than Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday: (D/M/Y) \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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I authorize \_\_\_\_\_, Naturopathic Doctor, to examine and administer Naturopathic care and treatment to \_\_\_\_\_ whose relationship to me is as a \_\_\_\_\_.

I understand that I will be given an explanation of the nature of the medical care and treatment which will be administered or recommended. I authorize \_\_\_\_\_, Naturopathic Doctor, to suggest whatever measures he considers necessary in connection with such care and treatment.

Dated in North Vancouver in the Province of British Columbia, on this \_\_\_\_\_ day of \_\_\_\_\_  
(month) (Year)

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Parent or Guardian of Minor - print name

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Signature

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Witness - print name

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Signature

CURRENT MEDICAL CONCERNS

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ALLERGIES:

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PLEASE FILL OUT ALL APPLICABLE SECTIONS

Please rate as : 3 (Frequent) 2 (Moderate) 1 (Infrequent)

DIET

Breast milk: Y N Formula: \_\_\_\_\_  
Feeding Frequency: \_\_\_\_\_

Veg: \_\_\_\_\_ Fruit: \_\_\_\_\_ Grain \_\_\_\_\_  
Sweets: \_\_\_\_\_ Bean/Meat: \_\_\_\_\_  
Fried Foods \_\_\_\_\_ Lunch meats \_\_\_\_\_ Margarine \_\_\_\_\_  
Sugar Substitutes \_\_\_\_\_ Carbonated Beverages \_\_\_\_\_

ELIMINATION

BM Freq \_\_\_\_\_ Urinary Freq \_\_\_\_\_  
Concerns: \_\_\_\_\_

Other \_\_\_\_\_

BIRTH:

Natural: Y N Antibiotics: Y N

*Please answer the following as questions accurately as possible and only where applicable.*

SLEEP

Hrs/night: \_\_\_\_\_ Nap Freq: \_\_\_\_\_ Habits: \_\_\_\_\_  
Nightmares: Y N Freq: \_\_\_\_\_ Sleep Walk: Y N  
Concerns: \_\_\_\_\_

Temper tantrums: Y N  
Teething: Y N

SCHOOL:

Grade: \_\_\_\_\_ Where: \_\_\_\_\_  
Days missed per month: \_\_\_\_\_ Enjoys: Y N  
Doing well: Y N

BEHAVIOUR/PERSONALITY

Describe child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TV/day: \_\_\_\_\_  
Exercise: Y N

FAMILY/SOCIAL

Safe housing environment: Y N  
Explain: \_\_\_\_\_  
Withdrawn: Y N  
Explain: \_\_\_\_\_

**INTERACTION:**

Friendly: Y N    Other: \_\_\_\_\_

**DEVELOPMENT:**

Are there any reported developmental delays: \_\_\_\_\_

**HOUSE:**

Heating type: \_\_\_\_\_    Flooring Type: \_\_\_\_\_

Water Pipe Type: \_\_\_\_\_    Pets: \_\_\_\_\_

Mold: Y N    Excess dust: Y N    Farm: Y N    Age of home: \_\_\_\_\_

**Vaccinations (please circle all that apply)**

DPT    Chicken Pox    Flu    Hep A/B    MMR    Hib    Gardisil    Meningitis    Polio

**Medications (please circle all that are currently being taken or have been taken)**

Antibiotic/Antifungal    Aspirin/Tylenol    Acid Reflux    Antidiabetic/Insulin

Other: \_\_\_\_\_

**MEDICAL HISTORY**

Past illnesses, conditions and hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_