



1/51 Darling St Balmain East NSW 2041

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## PATIENT INFORMATION FORM (CHILD)

Confidentiality assured

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/guardian name/s: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tick if you would prefer not to receive our emails

Name/s and age/s of siblings: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Suburb: \_\_\_\_\_

Name of Specialist: \_\_\_\_\_ Suburb: \_\_\_\_\_

Specific reason for your appointment and other current health concerns:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Recent pathology/tests/investigations/operations etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications (including dosage):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current supplements (dose and brand):

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Please list any health concerns of family members including siblings, parents and grandparents:

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Please list any previous medical history:

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Please explain your child's general temperament:

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Has your child taken any antibiotics? If yes, when and how many courses?

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Did you experience any pregnancy complications?

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What was your child's birth weight? \_\_\_\_\_

Was your child breastfed? Exclusively? \_\_\_\_\_ How long? \_\_\_\_\_

Was your child formula fed? Which formula? \_\_\_\_\_

Birth details:

Vaginal delivery

Caesarean section

Forceps delivery

Vacuum extraction

Foetal distress

Low birth weight

Premature delivery

Prolonged labour

Early development:

What age were solids introduced?

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What age was your child toilet trained?

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Were milestones achieved on time?

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General Health Questionnaire:

Below are a series of health symptoms. Please check boxes with a tick for present symptoms and a cross for past symptoms. Please leave the box blank if your child has never experienced this symptom.

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|--|--|--|
| <input type="checkbox"/> Bloating                              | <input type="checkbox"/> Nausea                    | <input type="checkbox"/> Fussy eating              |
| <input type="checkbox"/> Flatulence                            | <input type="checkbox"/> Daily bowel movements     | <input type="checkbox"/> Stomach aches             |
| <input type="checkbox"/> Reflux                                | <input type="checkbox"/> Irregular bowel movements | <input type="checkbox"/> Poor appetite             |
| <input type="checkbox"/> Colic                                 | <input type="checkbox"/> Constipation              | <input type="checkbox"/> Difficulty gaining weight |
| <input type="checkbox"/> Burping                               | <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Recent weight gain        |
| <input type="checkbox"/> Food intolerances. Please list: _____ |  |  |
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|--|--|--|
| <input type="checkbox"/> Headaches         | <input type="checkbox"/> Night terrors | <input type="checkbox"/> Clingy              |
| <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Bed wetting   | <input type="checkbox"/> Difficult to settle |
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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Excessive whinging | <input type="checkbox"/> Mood swings                | <input type="checkbox"/> Socially withdrawn |
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Poor concentration / focus | <input type="checkbox"/> Tantrums           |
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|--|---|---|
| <input type="checkbox"/> Recurrent colds and flu | <input type="checkbox"/> Slow wound healing           | <input type="checkbox"/> Itchy eyes, ears, nose, throat, skin |
| <input type="checkbox"/> Hayfever / sinusitis    | <input type="checkbox"/> Sneezing, coughing, wheezing |   |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Eczema or skin rashes        |   |
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- |                                    |                                     |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Waxy ears | <input type="checkbox"/> Cradle cap | <input type="checkbox"/> Dry skin |
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Additional information: \_\_\_\_\_

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