

## Robert J. Zieve, MD

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Dear Parent:

I very much appreciate the opportunity to work with you in the homeopathic care of your child. Because their vitality is so strong, young people often respond dramatically to homeopathic remedies, especially in acute illnesses.

Homeopathic care with children involves a number of different areas.

1. Indicated constitutional remedies strengthen the child's general resistance to illness
2. Acute illnesses will often occur as the child strives to develop the body as he or she grows into life. When fevers and other illnesses of sudden and rapid onset occur, they are an opportunity for the child to exercise the immune system in developing a counter pole to these illness processes. The homeopathic remedies will strengthen the child's immune system in undertaking this process rather than doing the work for the child.
3. Personality problems in the course of growth and development as the young person develops into a unique individual
4. Certain hereditary factors which predispose some children to weaknesses in certain parts of the body or in the emotional and mental life.

If I am seeing your child, initially, for an acute problem, it is advisable that after the child recovers from that acute illness, a follow up visit be arranged for re-evaluation as well as for constitutional homeopathic care. This is true preventive medicine. I generally ask that a short follow-up visit be arranged within two to four weeks to see how the child has changed after a particular remedy is given. After that, I have found it helpful to see a child four times a year, roughly every three months. This establishes a rhythm in tune with the cycle of the year through the four seasons. Most individuals have different cyclic patterns of development. Often one season will see tremendous growth in the child while another season less. Certain illnesses may come out more at one time of the year than another.

**PATIENT INFORMATION RECORD**

**PERSONAL DATA**

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ SS # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian (if under age 18)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**IMMUNIZATION RECORD**

<b>Immunization</b>	<b>Date of Initial Series</b>	<b>Date of Boosters</b>
<b>Tetanus</b>		
<b>Diphtheria</b>		
<b>Pertussis</b>		
<b>Polio</b>		
<b>Measles</b>		
<b>Rubella</b>		
<b>Mumps</b>		
<b>Influenza</b>		
<b>Smallpox</b>		
<b>Others</b>		

Date and result of last chest x-ray: \_\_\_\_\_

Date and result of last TB skin test: \_\_\_\_\_



## CHILDREN'S HOMEOPATHIC QUESTIONNAIRE

The following is a composite of questions to lend an understanding to your child's process of development. Please answer these as clearly as possible. A picture may then evolve as to the individual needs of the child and what may be therapeutically offered to support the healing process.

1. How was the parental relationship at the time of conception? What were the circumstances?
2. How was the pregnancy, especially from emotional and nutritional standpoints? Any injuries during pregnancy?
3. How was the birth experience? Were there any anesthetics used at delivery? Forceps used? Other procedures?
4. Birth weight?
5. Birth place and time? (This should include whether delivery was at home or in the hospital).
6. Please complete the enclosed papers as to any injuries, allergies, infections or vaccinations that your child has had in his/her life.
7. Age at which the child began to crawl and to walk
8. Were there any illnesses or behavioral problems during the period the child was learning to walk and talk?
9. At what age did teething begin and how was this for the child? If applicable, at what age did temporary and permanent teeth begin to come in?
10. Have there been any skin problems? If so, what kind, when and how treated?
11. How are the child's stools: Frequency, character, odor, etc.?
12. How does the child sleep Awaken frequently or sleep through the night? In what position? Any bad dreams and how frequent?
13. Please describe the child's diet, appetite and any cravings for sugar, salt, fatty foods, cold foods or drinks, etc., or aversions to any of these or others.
14. Do you notice any kind of weather that the child does better or worse in?
15. Do you notice any best or worst time of the day for the child? (Either in terms of any illness or in a behavioral sense).
16. What is the child's general color / Is there a tendency to be pale or flushed and if so, under what circumstances?

17. How does the height and weight compare to a child of his or her age?
18. Is there any head tossing and turning or digging into the pillow at night while asleep?
19. Any bed wetting problem? If so, please elaborate.
20. Is there any teeth grinding at night or during the day?
21. Are there any speech or hearing problems?
22. How are the muscles developed: Is the child strong or weak? Coordinated or clumsy?
23. Are there any problems with cramps? (Either in the muscles or the abdomen). If the latter, are there any abdominal pains with or after eating any particular foods?
24. Does the child's behavior change in any way at all after eating any particular kinds of foods? If so, please explain.
25. Play:
  - i) Does the child play well by himself or with other children?
  - ii) Is he/she predominantly a leader or a follower?
  - iii) Does he/she like to play mostly with younger children/
  - iv) Children own age? Children that are older?
  - v) Is he/she imaginative at play?
  - vi) Does he/she play with animals?
  - vii) Is he/she aggressive or passive in play (a rough and tumble child or a delicate child)?
26. Does your child tend to be more independent or dependent?
27. How does your child react if he/she does not get what they want?
28. What is the child's reaction to strangers and in going into the world?
29. Has the child any predominant fears or anxieties?
30. If applicable, how was toilet training for the child?
31. How much television does the child watch?
  - i) When and what kinds of programs?
  - ii) Does the child spend much time with video games or computers?
32. Has the child gone to preschool and if so, what kind? How long?
33. What are your early educational goals for the child?

Do any of the following problems apply to your child?

- i) Visual problems?
- ii) Glasses?
- iii) Faulty posture?
- iv) Spinal curvature?
- v) Anemia?
- vi) Enlarged tonsils?
- vii) Flat feet?

34. In the structure of the child's head, which part seems to dominate or seems to stand out more:

- i) The forehead and skull?
- ii) The nose, cheeks and ears?
- iii) The mouth and mandible and jaws?

35. Is there any seizure history in the child's life including febrile seizures?

36. If applicable, how is school for the child?

- i) What subjects does the child like best and worst?
- ii) How is the relationship of child and teacher?

37. Are there any of the following symptoms that you notice in your child that you feel may be related to his experience at school?

Headache	Stomach	Nausea	Weak	Pale	Shadows under the eyes
Nervous	Loss of appetite	Tired	Poor sleep	Tires quickly	

38. What is the child's relationship to the other children in the family? What was the child's reaction to new children in the family?

39. Have there been any major griefs or emotional traumas in the child's life? (This would include any parental divorces, separations, early parental return to work, or death of a person in the family that the child was close to).

40. Temperament: The following are four basic childhood temperaments. Which apply to your child? Which dominates (any or all) and when?

- i) Very willful, quick, aggressive, energetic, sometimes rages, occasionally violent if he doesn't get his own way
- ii) Flighty, cannot keep attention on any one thing for very long, merry look in eyes, careless
- iii) Tends to brood, be melancholic, can be sullen, stand-offish and touchy
- iv) Child has little interest in things going on around him, is more dreamy and self-contented looking, does not step energetically

41. Are there any further areas you feel have not been covered here?

# HEALTH QUESTIONNAIRE: PHYSICAL SYMPTOMS IN CHILDREN

Below you will find a system by system review of symptoms, from head to foot. Please place a checkmark by whatever descriptions apply to your child. These may apply now or in the past. Indicate only those symptoms that have been a problem not just once or twice, but for some time.

## HEAD

- eczema on scalp
- born with hair
- hits head against pillow at night
- perspires a lot on the head
- cradle cap
- frequent headaches

## EYES

- born with long eyelashes
- lazy eye
- conjunctivitis
- colds go into eyes
- light bothers eyes
- history of styes
- wears glasses

## EARS

- otitis media, frequent
- eruptions behind ears
- hearing problems
- motion sickness

## NOSE

- frequent nosebleeds
- colds with weather changes
- hay fever nose symptoms
- nose just runs a lot

## FOOD CRAVINGS/AVERSIONS

- sweets
- cold milk
- soft meats
- pastry
- butter
- cheese
- breads
- eggs
- spicy
- sour fruit
- citrus
- cold foods/drinks

## STOMACH/ABDOMEN

- distended
- pain after foods
- burps or gas
- vomiting
- diarrhea
- constipation
- anal itching
- hernia

## URINARY/GENITALS

- bed-wetting
- discolored urine
- painful urination
- frequent urination
- avoids urinating in public
- vaginal discharge
- severe diaper rashes

**FACE**

- \_\_\_\_\_ acne
- \_\_\_\_\_ eczema
- \_\_\_\_\_ oily or dry
- \_\_\_\_\_ pale or flushed

**MOUTH**

- \_\_\_\_\_ bad breath
- \_\_\_\_\_ ulcers in mouth
- \_\_\_\_\_ frequent thrush infections
- \_\_\_\_\_ speech problems

**TEETH**

- \_\_\_\_\_ discolored
- \_\_\_\_\_ frequent cavities
- \_\_\_\_\_ delayed
- \_\_\_\_\_ frequent illnesses with teething
- \_\_\_\_\_ early teeth eruptions

**THROAT/NECK**

- \_\_\_\_\_ frequent tonsillitis
- \_\_\_\_\_ frequent laryngitis
- \_\_\_\_\_ chronic post-nasal drip
- \_\_\_\_\_ many cervical lymph glands

**BACK/SPINE**

- \_\_\_\_\_ hair along spine at birth
- \_\_\_\_\_ curvature of spine
- \_\_\_\_\_ low back pain
- \_\_\_\_\_ stooped shoulders

**EXTREMITIES**

- \_\_\_\_\_ slow growth
- \_\_\_\_\_ knee or hip problems
- \_\_\_\_\_ offensive foot perspiration
- \_\_\_\_\_ joint stiffness
- \_\_\_\_\_ joint swelling
- \_\_\_\_\_ bites fingernails
- \_\_\_\_\_ cramps
- \_\_\_\_\_ flat feet

**SKIN**

- \_\_\_\_\_ birthmarks
- \_\_\_\_\_ ringworm
- \_\_\_\_\_ eczema
- \_\_\_\_\_ dry skin
- \_\_\_\_\_ mottled
- \_\_\_\_\_ hives
- \_\_\_\_\_ warts or moles
- \_\_\_\_\_ rashes after drugs
- \_\_\_\_\_ impetigo
- \_\_\_\_\_ dislikes bathing

## CHILDREN'S EMOTIONAL QUESTIONNAIRE

Circle words that describe your child. Most children go through many of the behavioral patterns listed below. What we are looking for are those moods that the child frequently becomes stuck in. Feel free to write on the back or to add your own categories.

After you have indicated the words that describe your child, look back over the list and make note if a particular pattern of behavior occurs after a specific activity or time of day, afternoon, night, before during-after sleep, before or after eating or anything else.

cheerful	malicious, cruelty, or violence
sad often	clumsy
very shy	impulsive or overly controlled
impatient	fast or slow in activity
often disobedient	quick to learn to walk/talk
very stubborn	slow to learn to walk/talk
weeps easily	senses hyper-acute or dull
extremely moody	easily startled
quarrelsome	hyperactive, restless
irritable easily	lazy
offended easily	outgoing
mischievous	can get into a rage
affectionate	tantrums short or sustained

Do they strongly like being in company with others or do they avoid it?

Is there any fear of strangers?

When they are sad or in pain, does soothing them help or hurt?

Do they get homesick easily?

Many fears?

Being alone?

In crowds?

The dark?

Animals? Death?

Ghosts?

Unknown ears?

Thunderstorms?

Being kidnapped?

Robbers?

Being abandoned?

Anything else?

Place an (X) in the appropriate column for any illnesses that this child's blood relatives have had. Briefly describe the condition to the right of the boxes.

<b>Condition</b>	<b>Mother</b>	<b>Father</b>	<b>Maternal Grandparents</b>	<b>Paternal Grandparents</b>	<b>Brothers or Sisters</b>
Allergies					
Anemia					
Arthritis					
Asthma					
Bleeding Problems					
Cancer or Tumors					
Diabetes					
Digestive Conditions					
Drinking/Drug Problems					
Epilepsy/ Convulsions					
Genetic Diseases					
Headaches					
Heart Disease					
High Blood Pressure					
Kidney Disease					
Mental Illness					
Respiratory Illnesses					
Skin Conditions					
Thyroid Problems					
Tuberculosis					
Venereal Disease					
Other Major Illnesses					

