



Holistic Naturopathic Center

Pediatric Questionnaire

PATIENT:

Last Name: _____ First Name: _____

Gender: [] M [] F Date of Birth: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

GUARDIAN: _____ Relationship: _____

Last Name: _____ First Name: _____

Address (if different): _____ E-mail: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

CHILD'S HEALTH:

Does your child suffer from any of the following health problems?

Asthma	[] Yes	[] No
Headaches	[] Yes	[] No
Allergies	[] Yes	[] No
Food Sensitivities	[] Yes	[] No
Constipation	[] Yes	[] No
Diarrhea	[] Yes	[] No
Psoriasis/Eczema	[] Yes	[] No
Ear Problems	[] Yes	[] No
Sleeping Disorders	[] Yes	[] No
Breathing Problems	[] Yes	[] No
Hyperactivity	[] Yes	[] No
Attention Deficit	[] Yes	[] No
Autism Spectrum	[] Yes	[] No
Colic	[] Yes	[] No
Bed Wetting	[] Yes	[] No
Digestive Problems	[] Yes	[] No
Depression	[] Yes	[] No
Anxiety	[] Yes	[] No

REGARDING CHILD'S HEALTH TODAY:

Has your child ever been in a motor vehicle accident? [] Yes [] No
If yes, when? _____

Has your child ever had any broken bones or sprains? [] Yes [] No
If yes, when? _____

Has your child ever been hospitalized or had surgery? [] Yes [] No
If yes, when and why? _____

Is your child on any medications and/or supplements? [] Yes [] No
If yes, what medications and/or supplements?

Please state the reason for today's visit: _____

How did you hear about HNC?: _____

Please indicate how late in the evening I may return phone calls: _____

Can we text you to confirm appointments: _____

Dr. Glenn B. Gero is not a medical doctor. He will not prescribe drugs, diagnose illness, cure any disease or recommend any changes of your prescribed medications. Dr. Gero is a trained and certified natural health specialist, registered nutritionist, master herbalist, exercise specialist, certified biofeedback therapist, lifestyle coach and educator. He performs wellness consultations regarding diet, nutritional supplementation, botanical medicine, exercise, mind/body imbalances, stress reduction techniques, integrative/complementary healing and will refer to, and consult with, other health and medical professionals when appropriate. Dr. Gero does not participate in any third party insurance plans.

I, further, understand that there can be no guarantees in the field of health. I realize that if I am not willing to work toward my health, there are no magic pills which can reverse the problems caused by an incorrect diet, unhealthy lifestyle and many years of bad habits. The work will be up to me, with Dr. Gero serving as a guide and educator.

Signed: _____ Date: _____