



YOUR CHILD'S HEALTH + WELLBEING FORM

Thank you for taking the time to complete this form!

Child's Name _____ Date of Birth _____

Please describe the problem/s for which you seek help for with your child.

Please provide details of significant events that have occurred around and with your child.

*Your child's past medical history - previous injuries, accidents, surgeries, etc.
Please describe and include approximate dates.*

Please list the medications, including over the counter, your child is presently taking.

Please list any daily activities your child finds/has difficulty doing/performing.

Please list any other kind of healthcare professional your child has seen for this/these problem/s.

Please list all medical tests your child has had within the past year.

Does your child suffer from any physical pain?

Please list areas of the body that are affected and timeframe for this pain.

Please list words or phrases your child uses to describe themselves, their situation and /or how they feel.

Please list your child's weekly activities. Please include all screen time.

How many hours does your child sleep each night?

Is it restful or does your child wake frequently?

Has your child wet the bed in the last 12 months?

What are your goals for your child from BodyTalk?

Is there anything else you would like to mention or highlight regarding your child?

Parent's Name _____

Signature _____ Date _____

Address _____

_____ Mobile _____

Practitioner's Signature _____