



Jacinta Callaghan

Nutritional Doctor

B.HSc.(Nutritional Medicine)

Nutritional Medicine - the natural path to optimum health.

Thank you for choosing me to support your child on a pathway to better health and wellbeing. I look forward to supporting your choice to restore what nature intended for your child!

Please fill out the information below as best you can before your appointment. This will allow me to spend more time on your child and your child's health during their first visit.

All information contained on this form and during the consultation will be treated with the utmost confidentiality and no information will be given to any persons without your direct consent.

I look forward to seeing you and your child soon.

Jacinta Callaghan

Appointment Date: / / Time:

What to bring:

Any previous medical test results

Any letters or paperwork that may have been provided by your GP or other medical professional

PERSONAL DETAILS:

CHILD'S NAME	
PREFERRED NAME	
ADDRESS	
YOUR NAME	
RELATIONSHIP TO THE CHILD	
PARENT/GUARDIAN EMAIL	
NEWSLETTER Would you like to receive our regular newsletter Yes () No ()	
PARENT/GUARDIAN TELEPHONE (BH)	PARENT/GUARDIAN MOBILE
CHILD'S DATE OF BIRTH	
EMERGENCY CONTACT NAME:	
PHONE:	RELATIONSHIP TO THE CHILD:
FAMILY DOCTOR'S NAME	
DOCTOR'S ADDRESS	
WHO REFERRED YOU?	
FACEBOOK () FRIEND () DOCTOR () OTHER ()	
IF OTHER, PLEASE PROVIDE DETAILS:	
CONCESSIONS HEALTH CARE	YES () NO ()
PENSIONER	YES () NO ()
STUDENT	YES () NO ()
PRIVATE HEALTH FUND	YES () NO () IF YES, NAME:

What is/are the main health concerns that you would like to address?

Has your child received prior treatment for this/these conditions? If yes, please details below:

Has your child had any major health issues in the past ? If yes please detail below:

Does your child have any of the following allergies or intolerances?

Please tick for those with yes:

Dairy	<input type="checkbox"/>	Tomatoes	<input type="checkbox"/>	Cigarettes (smoke)	<input type="checkbox"/>
Soy Products	<input type="checkbox"/>	Artificial flavours	<input type="checkbox"/>	Dust mites	<input type="checkbox"/>
Yeast	<input type="checkbox"/>	Artificial Colours	<input type="checkbox"/>	Wheat	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Grasses and Pollens	<input type="checkbox"/>	Gluten	<input type="checkbox"/>

What type of food does your child normally eat? Please note down the foods and beverages that your child has consumed in the last 24 hours and observed adverse effects if any.

TIME	CONSUMED	ADVERSE EFFECTS
BREAKFAST		
MORNING TEA		
LUNCH		
AFTERNOON TEA		
DINNER		
SUPPER		
SNACKS OR BEVERAGES		

Please mark any symptoms that the child is experiencing/has experienced.

Abnormal visual provoked potential		Acne	
Ascending pyramidal track signs in legs		Aggressive behaviour	
Agitation		Albumin low	
Anaphylaxis		Angry Outbursts	
Anxiety		Asthma	
Ataxia - Lack of muscular co-ordination		Anxious, nervous, high internal tension	
Atopic dermatitis		Attention to detail	
Aversion to breakfast		Behaviour – moody, tantrums, hyperactive	
Can't stand losing		Clingy	
Compassionate less competitive, more accepting		Congenital brain abnormalities	
Congenital cardiac symptoms		Congenital genitourinary problems	
Constipation		Decelerating head growth	
Decreased appetite		Denny's lines ...face and skin	
Depression with isolation, paranoid		Developmental delay – global	
Developmental delay – global		Developmental delay early years	
Developmental regression		Diarrhoea	
Difficulty falling to sleep		Difficulty with authority figures	
Distinct facial features		Does not like change (ASD)	
Dyskinesia ..diminished voluntary movements and the presence of involuntary movements		Early greying	
Epilepsy		Excessive Laughter	
Face or Skin reactions		Family hx - x linked mental retardation	
Fears		Follicular hyperkeratosis	
Food avoidance		Frequent Mood swings (road rage)	
GI upset		Growth Poor	
Head Banging		Headaches	
Hearing Loss		High Achiever	
High Libido – Addiction Prone		Hyperactivity	
Hypotonia		Insomnia	
Irritability		Jekyll & Hyde Behaviour	
Language - expressive language defects		Learning problems	
Lethargy- episodic		Light, Noise and Sound sensitivity	
Loves tomato sauce and berries high PF		Low frustration tolerance	
Low Stomach acids		Low Mood	

Malabsorption		Mental lethargy	
Mental retardation		Microcephaly	
Migraine		More creative/artistic	
Mouth reactions		Movement disorders	
Mucous in stool		Neurodevelopmental delay /standstill/regression	
Night sweats		Night time wakening	
OCD		Organisational ability	
Overstimulated and hyperactive		Poking Stomach	
Poor concentration		Poor growth	
Poor memory		Poor short term memory	
Poor socialization		Poor taste	
Poor wound healing		Posturing	
Protein Intolerance		Psychosis	
Rash/Thirst		Reading disorder (Dyslexia)	
Recurrent infections		Red ears (on outside) face	
Reflux		Retching	
Seasonal allergies		Seizures	
Seizures – intractable		Sensitivities to foods and chemicals but not season allergy	
Shiners		Shiners ...face and skin	
Sleep disturbance		Sleep poor quality	
Sleep problems		Slow recovery from infections	
Somnolence – episodic		Speech delay – severe	
Stool frequency		Stool incontinence	
Stool urgency		Stress intolerance	
Stretch marks		Strong motivation...	
Sudden worsening of behavior		Sweating/pallor	
Sweaty head in bed: bed/ pillow smells		Tantrums	
Temperature instability		Tension	
Toilet training inability		Tourettes type symptoms	
Underachiever regardless of intelligence		Unrest	
Urticaria		Usually crave the food that they are allergic to	
Very happy disposition		Violent behavior	
Visual disturbances		Vomitting-cyclic	
Vomitting		White spots on nails	