

Child Health Questionnaire and 3 day diet

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian's name _____

Name and number of siblings _____

Name of GP: _____ Suburb: _____

Name of Specialist: _____ Suburb: _____

Specific reasons for your child's appointment:

1. _____

2. _____

3. _____

Child's medical history or surgery:

Is your child receiving any current medical treatment?

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Is your child on any medications?

List any supplements that your child is taking:

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

Did you experience any pregnancy complications?

What was your child's birth details? _____

vaginal/caeserean delivery, premature delivery, prolonged labour?traumatic

Was your child breastfed? Exclusively? _____ How long _____

Was your child formula fed? Which formula? _____

How long? _____

Age solids were introduced? _____

Any food intolerances/reactions? _____

Does your child pass a bowel movement daily? _____

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Does your child have any of the following conditions:

Nausea

Diarrhoea

Constipation

Flatulence

Asthma

Persistent cough

Glue ear

Post nasal drip

Ear infections

Sore throat

Recurring cold/flu

Recurring tonsillitis

Nasal congestion

Sinus

Eczema/skin rashes

Sleep

Does your child have difficulty falling asleep? _____

Does your child wake up refreshed? _____

Does your child experience night terrors? _____

Does your child experience bedwetting? _____

Exercise

How much and what exercise does your child do per week?

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3 Day Food Diary

Write down everything your child eats and drinks. Include the amount of the food and list brand names of foods you bought. List exact ingredients of homemade foods and whether the food is packaged or takeaway. The purpose of this diary is not to judge your child's eating habits, but to learn more about their nutritional needs and strengths.

Day1	Day 2	Day 3
Breakfast	Breakfast	Breakfast
Morning snack	Morning snack	Morning snack
Lunch	Lunch	Lunch
Afternoon tea	Afternoon tea	Afternoon tea
Dinner	Dinner	Dinner

Water per day _____