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Holistic Wellness Care for Infants, Toddlers & Children

EASE THE STRESS OF BIRTH WITH QEST

Name \_\_\_\_\_ Child's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone number \_\_\_\_\_ Email address \_\_\_\_\_  
 Referred by \_\_\_\_\_ Child's DOB \_\_\_\_\_

- Please rate yourself in the following categories—0 being “poor” and 5 “excellent”:  
 0 1 2 3 4 5 Overall physical health  
 0 1 2 3 4 5 Emotional/mental health  
 0 1 2 3 4 5 Overall quality of life  
 0 1 2 3 4 5 Ability to deal with and adapt to stress
- Are you taking (Please indicate which ones and, if possible, which brands)  

<input type="checkbox"/> pharmaceutical or over the counter drugs	<input type="checkbox"/> coffee
<input type="checkbox"/> vitamins / minerals. . .	<input type="checkbox"/> homeopathic remedies. . .
<input type="checkbox"/> fish oil . . .	<input type="checkbox"/> herbs. . .
<input type="checkbox"/> antioxidants. . .	<input type="checkbox"/> other. . .
- Do you have, or have you ever had: (Please check all that apply)  

<input type="checkbox"/> measles	<input type="checkbox"/> bronchitis	<input type="checkbox"/> hepatitis	<input type="checkbox"/> post-partum depression
<input type="checkbox"/> mump	<input type="checkbox"/> rheumatic fever	<input type="checkbox"/> HIV or AIDS	<input type="checkbox"/> anxiety
<input type="checkbox"/> chicken pox	<input type="checkbox"/> pneumonia	<input type="checkbox"/> herpes	<input type="checkbox"/> depression
<input type="checkbox"/> cancer	<input type="checkbox"/> asthma	<input type="checkbox"/> heart attack	<input type="checkbox"/> gynecological problems
- About the birth - (select all that apply)  

<input type="checkbox"/> homebirth	<input type="checkbox"/> episiotomy	<input type="checkbox"/> vacuum extraction
<input type="checkbox"/> hospital birth	<input type="checkbox"/> epidural	<input type="checkbox"/> forceps
<input type="checkbox"/> natural birth	<input type="checkbox"/> spinal anaesthetic	<input type="checkbox"/> breach
<input type="checkbox"/> water birth	<input type="checkbox"/> vaccinations following birth	<input type="checkbox"/> broken bones
<input type="checkbox"/> c-section	<input type="checkbox"/> drugs	<input type="checkbox"/> surrogate
- Was your child born :  
 premature \_\_\_\_\_  
 early \_\_\_\_\_  
 near term  
 late \_\_\_\_\_
- Length of pushing \_\_\_\_\_
- Has your child been vaccinated? Y N
- What else should we know about your child’s birthing experience ?
- Does your child have...  

<input type="checkbox"/> misshapen head	<input type="checkbox"/> digestive issues	<input type="checkbox"/> asthma	<input type="checkbox"/> trouble focusing eyes
<input type="checkbox"/> sleep issues	<input type="checkbox"/> non-responsive	<input type="checkbox"/> add, adhd	<input type="checkbox"/> ear infections
<input type="checkbox"/> constipation	<input type="checkbox"/> incessant crying	<input type="checkbox"/> food allergies	<input type="checkbox"/> tamtrums
<input type="checkbox"/> breathing difficulties	<input type="checkbox"/> incessant crying	<input type="checkbox"/> nightmares	<input type="checkbox"/> anger
<input type="checkbox"/> colic	<input type="checkbox"/> lack of appetite	<input type="checkbox"/> fear	<input type="checkbox"/> fatigue

Please list any of your concerns about your child’s health or your health on the backside of this paper. Feel free to share anything that you believe is contributing to these issues.