

# 'Diagnosed' CHILD'S BACKGROUND INFORMATION

Referred by \_\_\_\_\_

Child's full name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_

Parents' names \_\_\_\_\_

Telephone[s] \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth, Place, Time, with am/pm \_\_\_\_\_

Adoption \_\_\_\_\_ If so, age \_\_\_\_\_, country of Origin \_\_\_\_\_

Siblings: Names and ages \_\_\_\_\_

Main reason for using Flower Essences \_\_\_\_\_

Official diagnosis, if any \_\_\_\_\_

Age first noticed \_\_\_\_\_ Skin problems \_\_\_\_\_ (Male) Circumcision? \_\_\_\_\_

Check where appropriate: Child appears unusually....

Fearful\_\_\_ Anxious\_\_\_ Angry\_\_\_ Destructive\_\_\_ Impatient\_\_\_ Depressed\_\_\_ Sad\_\_\_ Weepy \_\_\_

Inflexible\_\_\_ Spacey or remote\_\_\_ Withdrawn\_\_\_ Worried\_\_\_ Shy\_\_\_ Tidy\_\_\_ Unconfident\_\_\_

Perfectionistic\_\_\_ Obsessive\_\_\_ Depressed\_\_\_ Bored\_\_\_ Lacking in creativity\_\_\_ Overwhelmed by

tasks\_\_\_ Insecure\_\_\_ Apathetic\_\_\_ Subservient\_\_\_ Resentful\_\_\_ Uncooperative\_\_\_

Oppositional\_\_\_ Unfocused\_\_\_ Upset by spontaneity\_\_\_ Lonely\_\_\_ Over-reactive\_\_\_

Ability to communicate/verbalize feelings: Excellent \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Describe behavior at home \_\_\_\_\_

Brief description of child's general state of health:

Physical [Note any significant medical history, diet, exercise, energy level, allergies, etc.] \_\_\_\_\_

Emotional - [feelings] \_\_\_\_\_

Mental - [outlook on life] \_\_\_\_\_

How is child coping at School

a) Learning \_\_\_\_\_

b] Behavior \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c] Social-friendships \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comment on Child's Sleep patterns. Any Bedwetting ? \_\_\_\_\_  
\_\_\_\_\_

Unusual circumstances -  
a] During Pregnancy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b] During the Birthing process \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c] During early Infancy. Was baby nursed, and for how long \_\_\_\_\_  
\_\_\_\_\_

d] After childhood inoculations \_\_\_\_\_  
\_\_\_\_\_

Any Separation from/of parents, Stress or significant TRAUMA \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Emotional availability for the first 3 years \_\_\_\_\_  
\_\_\_\_\_

Daycare, from what age, and for how long ? \_\_\_\_\_  
\_\_\_\_\_

Accidents ? \_\_\_\_\_  
\_\_\_\_\_

Family deaths/losses \_\_\_\_\_  
\_\_\_\_\_

Briefly discuss family background [Parents relationship, availability, any addictions, any major moves, grandparents, unusual situations]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications, now or in the past \_\_\_\_\_  
\_\_\_\_\_

Any other information that would be helpful - attach additional sheets if necessary.