

**FLOWER ESSENCES
BACKGROUND INFORMATION FORM FOR CHILDREN**

Child's full name _____ Referred by _____
Address _____ Today's date _____

Parents' names _____
Telephone[s] _____ Email _____
Date and place of birth _____ Adoption _____ If so, age _____
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___ Perfectionist___
Obsessive___ Depressed___ Bored___ Lacking in creativity___ Overwhelmed by tasks___ Insecure___
Apathetic___ Subservient___ Resentful___ Uncooperative___ Oppositional___ Unfocused___ Upset by
spontaneity___ Lonely___ Over-reactive___
Other _____

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 _____

Were there any 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 _____

Comment on mother's emotional availability for the first 3 years _____

Daycare: from what age and for how long _____

Any accidents _____

Any 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.

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