

## Child/Baby Allergy Assessment



If you wish tell us

First Name: \_\_\_\_\_ Last Initial: \_\_\_\_\_ Date of birth \_\_\_\_\_

- 1) What do you consider the main problem(s) are for your child, and when did they commence?
  
- 2) What allergies are known in the family?
  
- 3) How was the pregnancy and birth?
  
- 4) What type(s) of feeding did your child/baby have and how did this go?
  
- 5) What treatments, medications or lotions has your child been treated with, and what has been effective? (If applicable)
  
- 6) What are the bowel motions like and what is the frequency?
  
- 5) What are the sleeping patterns like?

### **Specific Baby questions:**

- 6) Does your baby seem "settled" when awake?
  
  
  
  
  
  
  
  
  
  
- 8) Have you noticed any spilling, reflux or "colic"?
  
  
  
  
  
  
  
  
  
  
- 10) Any other comments:

Sincerely,

Patricia (Paddy) Sullivan

Health Detective