

## Guidelines for Writing Your Child's Homoeopathic Life Picture

Homoeopathy is a unique system of healing. Selection of the correct remedies for your child requires knowledge of your child's background and present characteristics in as much detail as possible. This is because homoeopathic medicines are prescribed for individual people, not for diseases as such. For example, several people seeking help for the same 'disease' would most likely be given different remedies because their individual symptoms and characteristics differed. The remedy is matched to the totality of your child's characteristics, not to his or her 'disease'.

Because detailed information is vital for accurate prescribing, you are asked to write a 'life picture' of your child, which will take a little time and effort, but the potential benefits to your child's health far outweigh any inconvenience. Incomplete information will make correct remedy selection difficult. What you will write will form the nucleus of my data and provide a basis for further enquiry in my discussion with you. If your child is old enough to answer any sections please involve them, as often a parent can assume things about the child which are incorrect or not as the child sees them.

All information will be treated as strictly confidential. Please follow the guidelines set out below. Thank you for agreeing to write your child's history – I appreciate your help. When you have finished deliver it to me as soon as possible using the addresses and fax numbers below to allow time to study it before your visit.

### 1. Identity and Environment

Begin by setting out the following: Full Name, Date of Birth, Place of Birth, Address, Parent's phone numbers. If your child is of school age describe the following: Each level of school attained (eg. Kindergarten, Primary, Secondary etc) and the level of achievement reached. Please describe any difficulties that they may have had or may be having with school work, friends or teachers.

### Current Family Situation

Include details of all family members, their ages, location if away from family, occupation if working. Include details of any members who have died, giving age and cause of death, age of your child at the time of that bereavement. Family difficulties or discord as these may have a bearing on your child's health.

### Daily Routine

Describe the child's routine over a typical 24 hour period including sleep and eating patterns. Include anything of note regarding meals and bodily functions.

Any other factors which may be relevant to the environment in which the child lives, work and plays.

### 2. Main Complaints

Give a full description, each in turn, of the ailments bothering your child, detailing:

- (i) areas affected – from time of onset through development and spread of the problem. The course of events and response to any treatments (include prescribed and non prescribed medications).
- (ii) Sensations – experienced in the area of trouble using the child's words if possible.
- (iii) Conditions, physical and/or emotional – that may have brought on or aggravated the trouble (examine circumstances both before and at the time of the onset)
- (iv) Conditions or actions – that increase the problem and those that afford relief eg presence of breeze, covering or uncovering the body, food, drink, effect of temperatures (local or climacteric)
- (v) Other symptoms which are experienced at the same time as the main complaint.

### 3. Personal Data

Give a detailed account of the physical description of your child including build, height, weight, and complexion and include any changes that may have taken place as they have grown.

- (i) Milestones in Development – give details of the age at which your child first sat, crawled, walked and talked, noting anything unusual, age of first tooth and teething pattern, any troubles associated with teething and the age of onset of menstrual periods if applicable.
- (ii) Emotional and intellectual nature – irritability, moodiness, yielding or tenacious nature, ability to make friends and relate to family, friends and people generally, preference for

Nicky Wood ND Dip App Sc Nat.

Suite 3/174 Galleon Way Currumbin QLD 4223 Ph: +61 7 55939145/0438461178 Fax: 61+7 55763989

Email: wisehealthy@optusnet.com.au

- company or solitude, sharing nature or possessive interests, hobbies and skills, self image, self confidence, events or situations which may have affected their development.
- (iii) Diet – types of foods consumed, quantities consumed, cravings, aversions and food which disagree, appetite, thirst, and blood group if you know it.
  - (iv) Reactions to surroundings – weather, heat, cold, dampness, rain, draughts, phase of the moon, allergens, activity, light, noise, odours, day, night, city, country, forests, mountains, sea and travel.
  - (v) Sleep – dreams and nightmares, frequency and themes and their emotional effect on you.
  - (vi) List all drugs, medications and vitamins taken to date.

#### **4. Previous Illnesses**

Give a summary of the various illnesses that the child may have had at what ages and indicate if you feel that they may have had a bearing on present troubles. Also note any vaccinations they have had at what ages and if there were any reactions.

#### **5. Family Medical History**

List main health problems that have afflicted the child's parents, brothers, sisters and grand parents. Note any complaints that run in either parent families whether the child shows signs of them or not.

#### **6. Other Details**

Include any data that you feel may be relevant but which has not been covered above.

**Enclosures** – provide copies of any medical reports, tests, x-rays, and other reports relating to the child's condition that you may have.