



Integral Health Clinic

445 Cumberland Street, Suite 200, Ottawa, Ontario, Canada, K1N 7J6

Tel: (613)241-0005 Fax: (613)241-0800 Toll free:1-800-371-6720

www.naturopathy4u.com

Date : _____

Tél. (home) : _____

(office) : _____

Name: _____

Name of parent or legal guardian: _____

Address: _____

Postal Code: _____

Date of Birth: _____ / _____ / _____
(m) (d) (y)

Age: _____

Who referred you to this office? _____

Name of family medical doctor: _____

Chiropractor: _____

What is your chief concern about your child's health?

If your child has a chronic illness, how long has he or she had this condition?

Who diagnosed the illness? _____

When was this diagnosis made? _____

What specialists has your child seen (Indicate the year of the consultation)?

How has this illness been treated until now?



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How long has it been since your child has been totally well?

Could you list the major symptoms affecting your child?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Thank you for taking the time to fill out the requested information. It will help greatly in our study of your child present health and will assist us in choosing an appropriate direction to take in working toward your child's desired restoration of health.