ST. ANDREW'S
Chiropractic & Wellness

Dr. Lisa Bloomer, Doctor of Naturopathic Medicine
14845 Yonge St. Unit 4 Hunter's Gate Plaza
Aurora, ON L4G 6H8 **(905) 727-6500**
www.standrewschiro.ca info@standrewschiro.ca

Dear Parent,

This letter will confirm that your child has an appointment with Dr. Lisa Bloomer, Naturopathic Doctor on _____ at _____.

In order to best help you, I will need to know about your child's medical history. Please take a few moments to read this welcome package and fill in the questionnaires and the enclosed food diary. Please bring the completed questionnaires and food diary to your child's first appointment. These forms will be reviewed with you at your child's initial consultation, their concerns will be discussed, a complaint oriented physical examination will be performed if indicated and a treatment protocol is usually begun, depending on the complexity of your child's concerns and medical history. Initial Pediatric Naturopathic consultations are 1-1 ½ hours in length. Follow-up visits are 30 minutes in length.

If your address or daytime phone number changes before your initial appointment please notify me of the change. If you have any questions please do not hesitate to call my office at (905) 727-6500. Please allow 24 hours if it becomes necessary to cancel your child's appointment.

Directions: Directions: St. Andrew's Chiropractic & Wellness is located at 14845 Yonge Street, Unit 4 at the intersection of Yonge St. and Dunning Ave., in the Hunter's Gate Plaza.

Naturopathic Care Fee Schedule

Naturopathic Consultation Fee Schedule

Initial Adult Consultation (1 ½ hours)	$210
Subsequent Adult Consultation (30mins)	$ 80
Initial Pediatric Consultation (age 16 & under) (1-1.5hrs)	$175
Subsequent Pediatric Consultation (age 16 & under)	$ 80
Senior (age 65+) & Student(F/T undergrad) Initial Consultation	$175
Subsequent Senior & Student Consultation	$ 80
Acupuncture (single treatment after initial Consultation)	$ 65
Cosmetic Acupuncture (1.5-2 hrs)	$150
Healthy & Active Metabolic Program	$550 (incl 2 visits + bloodwork & nutr. plan)
Telephone Consultations:	$45 (0-15 mins) $80 (15-30 mins) $125 (30-45 mins) $150 (45-60 mins)

Diagnostic Testing Fee Schedule

Koenisburg Adrenal Function Test	$ 23
Obermeyer Bowel Toxicity Test	$ 40
Urine Dipstick	$ 14
Hair Mineral Analysis Testing	$ 105

Hormone saliva tests and Genetic (Nutrigenomix Genetic) tests are available upon request. Prices vary for each individual test.

* Fees are payable by a personal cheque, VISA, Mastercard debit or cash at the end of each visit. Consultations are exempt of HST, however HST is applied to all other fees (e.g. supplements). NSF cheques are subject to a $25 fee.
*Any Prescribed supplements/botanicals/homeopathics and/or appliances are not included in the above fees.
*Please note that these fees are not covered by OHIP, however they may be covered by your extended health care plan.
*Please provide 24 hours notice if you need to cancel any appointments, otherwise you will be billed for the full consultation fee.

I have read, fully understand and agree to honour the fee schedule listed above:

Date:_____ Patient's signature:_____
Last modified: Nov 25, 2015 (Parent's signature)

INTRODUCTION TO NATUROPATHIC MEDICINE

Naturopathic Medicine is an exciting way of looking at health and wellness that takes its roots in many ancient healing traditions. One of the main principles of Naturopathic philosophy is treating the whole person; mind, body and spirit. In this way, we see health as the normal state in the body, which is easily influenced by our environment, our every day experiences and our emotions. The Naturopathic practitioner seeks to discover the underlying causes of illness, and rather than merely suppressing the symptoms of the disease we support the body and promote healing with various remedies and lifestyle changes. Our fundamental philosophy is to trust that within each person, when obstacles are removed, there is an innate ability to heal ourselves.

It follows then that there is much emphasis on self responsibility for health, prevention and patient education. Naturopathic Doctors do their very best to listen carefully to what their patient has to say about their bodies and their state of mind and then, as treatment continues, help the patient to understand how and why certain diseases may have manifested within their bodies and how changing lifestyle, diet and using various remedies will help them to make positive changes with their health. Naturopathic health care is for those who want to take control of their lives and their health. It is for those who want to understand which actions and attitudes contribute to better health.

A Naturopathic Doctor Will Use Many Healing Modalities

Your Naturopathic doctor can draw from a wide range of therapies, and will develop a program specially designed for you. The most common modalities, which may be used individually or in combination, are described below:

Clinical Nutrition

There is an intrinsic relationship between nutrition and wellness. Naturopathic practitioners deal with a wide range of problems relating to nutrition, including factors that interfere with the body's absorption and utilization of nutrients and the diagnosis and treatment of numerous conditions that result from inadequate or defective nutrition. Dietary modifications, nutritional supplementation and detoxification can dramatically improve one's health.

Botanical Medicine

Medicines derived from plants and other natural sources have been used for centuries in the treatment and prevention of disease and for maintaining a state of well being and are the subject of a growing number of clinical research studies. While the active ingredients of some plant medicines are extremely powerful, they are safe and highly effective when administered by a trained Naturopathic Doctor. Your naturopathic doctor may use more than one at a time, since in many cases the healing effects of these remedies in combination are greater than the sum of their individual actions.

Traditional Chinese Medicine and Acupuncture

Chinese pulse and tongue diagnosis, acupuncture and the use of Eastern botanical medicines comprise oriental Medicine, a system of health care that has been used effectively for thousands of years in Asia, but which has only been introduced to North America in the 20th century. Since its introduction Naturopathic practitioners have used needle acupuncture and Eastern botanicals as a traditional part of Naturopathic practice. Acupuncture has been tested clinically in the treatment of chronic pain and in the weaning from addictive substances such as nicotine, caffeine and many drugs.

Homeopathic Medicine
Originally developed during the 18th century by the physician Hahnemann, homeopathic medicine uses very dilute botanical, mineral or other substances to treat specific ailments. If a homeopathic remedy is indicated, your Naturopathic Doctor will select the appropriate formulation from the thousands of homeopathic remedies available, based on your total symptom picture.

Lifestyle Counselling
The roots of Naturopathy lie in the Natural Hygiene movement, which was popular in North America in the 1800's. The corner stones of preventive health care are clean air, clean water, exercise, healthy foods and freedom from excess stress. Naturopathic Practitioners are committed to the education and guidance of their patients in making positive changes to various parts of their current lifestyle that may be inhibiting total health and wellness. Whatever your diagnosis, you can expect to receive some lifestyle counselling every time you visit a Naturopathic Doctor, since prevention is a great part of Naturopathic philosophy and fundamental to the maintenance of good health! Remember, "an ounce of prevention is worth a pound of cure!"

Who Can Be Helped With Naturopathic Medicine?

A Naturopathic doctor is a primary care physician and patients of every age and every stage of life have been helped with Naturopathic care. Many patients present with long standing, chronic conditions such as skin diseases, respiratory diseases, female disorders or gastrointestinal diseases and find much relief with the treatment plans that are available to them. Many patients present with distressing acute illnesses, which can be quickly improved to help avoid pain, loss of sleep, loss of work, and anxiety. Many patients seek a naturopathic doctor for education and prevention; you don't have to be sick to feel better. A Naturopathic program is looking toward the future. You can begin to feel better now and you can reduce the likelihood of suffering and illness later in life.

How are Naturopathic Doctors Trained?

Naturopathic Doctors must study at least 7 years to become eligible to practice in Ontario, and follow the same University pre-medical education as is received by all doctors. The Naturopathic portion of the program comprises 4 years (over 4,500 hours) of dedicated training leading to a Doctorate of Naturopathic Medicine from an approved institution, with over 1,200 hours of supervised clinical experience at the colleges out patient clinic. There are five institutions in the United States and one in Canada that offers approved naturopathic education. Graduates of the comprehensive 4-year training at the Canadian College of Naturopathic Medicine practice throughout Canada and the world.

What Can I Expect During A Visit to a Naturopathic Doctor?

On the first visit the Naturopathic doctor will take an in-depth history, do a complaint oriented physical examination and may use information from laboratory tests to make an assessment and diagnosis. First visits usually last approximately 1 ½ hours. Together with your input a treatment plan is formulated. It is very important that goals are set together so that the patient is comfortable with the Naturopathic Doctor's recommendations. Subsequent or follow up visits will follow the treatment plan and address new concerns that arise in the patient's life. Follow up visits usually last 20-30 minutes. If a course of acupuncture is recommended, a series of eight appointments over 4 weeks will likely be scheduled. These visits usually last for approximately 30-45 minutes.

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Pediatric Patient Information Form

Your co-operation in completing this questionnaire is essential to providing you with the highest standard of naturopathic care. All information is strictly confidential and will remain within this office. If you have any questions regarding this form please contact my office and I will be more than happy to assist you.

REGISTRATION INFORMATION

Patient's name: _____ Today's Date:_____
(first) (middle) (last) dd / mm / yy
Date of Birth:_____ Age___ Gender:___ Grade at School: ____ Health Card #_____
dd/ mm / yy
Parent's/Guardian's Names: _____
Home Address: _____City: _____
Postal Code: _____ Telephone Home ( )_____ Work: ( )__ _____
e-mail Address: _____
Emergency Contact: _____ Phone number: _____
Are other family members patients at this clinic? Yes Names: _____
Whom may I thank for your referral to this clinic ? _____

MEDICAL PRIORITY

Has this child previously attended a Naturopathic Doctor? Yes No
If yes, what was the doctors name? _____ Phone : _____
If yes, may we have permission to request that your records be transferred to this office? Yes No
Family Physician: _____ Phone: ( ) _____
Pediatrician: _____ Phone: ( ) _____
Other Medical Specialist: _____ Phone: ( ) _____
Chiropractic Doctor: _____ Phone: ( ) _____
Other Health Care Providers: _____ Phone: ( ) _____

FINANCIAL INFORMATION

Person responsible for account: Mother o Father o Either Parent o Guardian o
Please complete all information below if different than above:
Name: _____ Phone: ( ) _____
(first) (middle) (last)
Address: _____ City: _____ Postal Code: _____

HEALTH INSURANCE

Subscriber's name:	D.O.B.:
Employer/Policy holder:	Insurance year end:
Insurance Co:	Telephone:
Group/Ind. Policy #:	Max. Coverage:

*Please note that Naturopathic Care is not covered by OHIP, but may be covered by your extended health insurance.

REASON FOR REFERRAL OR PRESENTING CONCERN

Please fill out the following chart regarding your health concerns which have brought you to our clinic today.

Chief Concern	How long has it been going on?	What makes it feel better?	What makes it feel worse?	How has it been treated so far?
1.				
2.				
3.				

Concern 1.
Has the patient seen a medical doctor about this condition? Yes o No o If YES, when? _____
If No, why not? _____
Have you been given a medical diagnosis? Yes o No o If yes, what was the diagnosis? _____
Who made the diagnosis? _____Was a treatment plan recommended? Yes o No o
If Yes, did you follow the plan? Yes o No o If yes, was the treatment successful? Yes o No o

Concern 2.
Has the patient seen a medical doctor about this condition? Yes o No o If YES, when? _____
If No, why not? _____
Have you been given a medical diagnosis? Yes o No o If yes, what was the diagnosis? _____
Who made the diagnosis? _____Was a treatment plan recommended? Yes o No o
If Yes, did you follow the plan? Yes o No o If yes, was the treatment successful? Yes o No o

Concern 3.
Has the patient seen a medical doctor about this condition? Yes o No o If YES, when? _____
If No, why not? _____
Have you been given a medical diagnosis? Yes o No o If yes, what was the diagnosis? _____
Who made the diagnosis? _____Was a treatment plan recommended? Yes o No o
If Yes, did you follow the plan? Yes o No o If yes, was the treatment successful? Yes o No o

Please list any other concerns you would like to discuss with the doctor: _____
_____

CURRENT HEALTH STATUS

How would you rate your child's health? Excellent □□ Good □□ Fair □□ Poor □□
Sleep Patterns
Where does this child sleep? Own room □□ Parents Room □□ Other □ _____
Child's sleep patterns (first year) _____
Current sleep patterns? _____
Does your child nap during the day? If yes, when is the nap taken and for how long? _____
Is there any history of bedwetting? Yes □ No □□ If so, what was your response? _____
What position does your child sleep in? (eg. On back, right side) _____
As an infant what position did your child sleep in? _____
Bed time and waking time of the child currently:_____
Does your child sweat a lot in bed? Yes □□ No □□ What parts of the body?_____
Odour? Yes □□ No □□ _____

General Behaviour and Emotional Status of Child

Briefly describe your child's behaviours and/or emotional status in the following situations:
At home: _____
_____
At school (e.g. anxiety, separation anxiety, disruptive): _____
_____
Current marital status of parents: _____ Current stability of the home: _____
_____
Please list the people who share their home with this child (ie grandparents, aunt, etc) _____
_____
Relationships with friends, family: _____
_____
What are the ages of the child's siblings? _____
Child's placement in the family? (ie 2nd child) _____
Relationship with siblings: _____
_____
Mother's working hours: _____ Father's working hours: _____
Do you use a nanny or a babysitter? Yes □ No □ How often? _____
Who is with your child during the day? _____
How often have you moved since your child was born? _____
Have you noticed any particular time of the day when your child's behaviour is, in general:
Worse? _____ Better? _____
List any of your child's fears or worries: _____
_____
List interests and/or activities your child currently partakes in (e.g. sports, dance lessons) _____
_____
List your child's sensitivities (e.g. hot, cold, bright lights, wool, emotionally): _____
_____
Has your child had any traumatic experiences (e.g. divorce, car accidents)? _____
_____
How does your child respond to discipline? _____
What type of discipline is used in your home? _____
Was your child a quiet or fussy infant? _____
Are there any pets in the household? _____
Are there any smokers in the household? Yes □ No □
How many hours a day does this child get out of doors to play? Summer _____ Winter_____
How many hours, on average, does your child watch television? Per weekday: _____
On Weekends: _____
Does your child use a home computer? Yes □ No □ How often?_____
Does your child use video games (X-Box, etc) Yes □ No □ How often? _____
Please describe your child's personality: _____
_____
_____
_____

PRENATAL HISTORY

Mother's health at conception: Excellent □ Good □ □ Fair □ Poor □
Age at conception_____ Blood group_____ Rh factor_____
How many pregnancies before this child?_____ How many live births?_____
Was this pregnancy planned? Yes □ No □ Desired? Yes □ No □ Was this child adopted? Yes □ No □
Did you take prenatal vitamins? (what kind) _____
How would you classify your diet during the pregnancy? □ fresh and whole foods □fast foods
□many cravings □ frequent use of coffee □ I was happy with my diet □ room for improvement
Were there any of the following complications during pregnancy? □ Nausea and vomiting □Bleeding
□ Gestational diabetes □ Toxemia □ High blood pressure □ Excessive weight gain
□ Medication □ Alcohol use □Recreational drug use □Previous infertility
□Swelling □ Premature labour □Excessive mental/ emotional stress
□Smoking/second hand smoke exposure □Chemical exposure □Accidents/injuries
□Herpes outbreak □Thyroid □ □ Infections (e.g. yeast) □ Exposure to a disease (ie toxoplasmosis)
Did you work during your pregnancy? Yes □ No □ and if yes, until when? _____
What was your occupation at the time of pregnancy? _____
Did you travel during your pregnancy? Yes □ No □ and if yes, where? _____
Please list any non prescription or prescription medications you took while you were pregnant:
_____
What was your overall impression of your pregnancy? _____
_____

BIRTH HISTORY

Pregnancy length (weeks):_____Labour length_____ Second (pushing) stage length____
Home birth □ Hospital birth □ Midwife □ G.P. □ O.B. □
Vaginal birth □ C-Section □ Pain Meds? □ Which? _____
Who was present for the delivery? _____
Any complications with the labour or birth? _____

□ premature	□ forceps	□vacuum extraction	□ breech
□ epidural	□ blue baby	□ meconium	□ suction required
□ premature rupture of membranes		□ prolapsed cord	□ placenta previa
□ artificial rupture of membranes		□ abrupto placenta	□ gel induction
□ cephalopelvic disproportion (head too big)		□ hemorrhage	□ episiotomy
□ failure to progress/stalled labour		□ oxygen required	□ pitocin drip induction □
□ jaundice		□ post partum depression	□ birth defects
□ incubator	□ multiple birth□	□ un-descended testes	□ fetal distress

Height at birth:_____ Weight at birth:_____ APGAR Scores:_____
Was Vitamin K administered ? No □ Yes □ How? □ by mouth □ by injection
Was erythromycin administered in the eyes? Yes □ No □
Was silver nitrate administered in the eyes? □ Yes □ No □
Any adverse reactions:_____
Mother's emotional state at the time of birth? _____
_____
Mother's emotional state post-partum? _____
_____

DEVELOPMENTAL HISTORY

At what age were the following milestones reached?

Smiled_____ Grasped an object_____ Recognized a face_____
Rolled over_____ Sat on own_____ First tooth_____
Crawling _____ Walks on own_____ First word_____
First sentence_____ Scribbling_____ Play Patty Cake_____
Dress themselves_____ Toilet Trained_____ Sleeps in own room_____
Did your child stand up: □ on own □ with help?
How was a walker, playpen or jolly jumper used? _____
When did your child first use "I" when referring to him/herself? _____

Physical Growth

Please list the child's height and weight at each of the following ages:

8 weeks_____ 6 months_____
1 year_____ 2 years _____
3 years_____ 4 years _____

DIET

Was this child breast fed? □ Yes □ No For how long?_____□ on demand □ on a preset schedule
If not breast fed, why?_____
If not breast fed, what was the first food?_____Was formula used? □Yes □No What type?____
At what age was formula introduced?_____ At what age were solid foods introduced?_____
What were the first three solid foods introduced?_____
Any food restrictions/allergies?_____
If breast fed, at what age was the child weaned? _____
What is the child's appetite like now?_____
Please describe your child's typical daily diet?_____
_____
How much fluids does the child drink per day?_____ What is the preferred fluid?_____

PAST HEALTH HISTORY

Please check any of the following that the child has experienced:

□ measles □ mumps □ rubella □chickenpox □ diptheria □ tetanus
□ hepatitis □meningitis □ polio □ tonsillitis □ ear infections □ whooping cough
□ colds/flus □ fevers □ hives □ eczema □ chronic rashes □ diaper
□ rash □ sore throats □ canker sores □headaches □ night sweats □easy bruising
□anemia □ coughing □ wheezing □sleep apnea □ making strange
□frequent urination □ heart murmurs □sleep problems □depression
□ food aversions □ physical/sexual abuse □ cries easily □thrush
□motion sickness □ odors □diarrhea □ constipation
□stomach ache □ cradle cap □food allergies □ colic □ surgery □ hospitalization
□ irritability □ fears □ broken bones □ hyperactivity □ hearing loss
□ emotional trauma □circumcision □ environmental allergies
□ asthma □ bleeding gums □ nose bleeds □ acne □burning of urine
□ worms □vomiting spells □ gas □ joint pains □ dizzy spells
□ bloody urine □ night mares □ excessive fatigue □ no appetite □ hair loss
□ cerebral palsy □ pink eye □ sinusitis □ mononucleosis
other:_____

Has the child ever had any diagnostic tests? (e.g. EEG, EKG, blood, X-Ray, hearing, speech/language):
_____

IMMUNIZATIONS: Please Check the immunizations your child has had:

□ measle □ mumps □ rubella □ meningitis □ diptheria □pertussis
□ polio □ tetanus □ hepatitis □ chickenpox □ flu shot □allergy desensitization
other:_____ _____

Any variations from the recommended scheduled □ Yes □ No If Yes, why_____
Any adverse reactions to any vaccination?_____
Has your child traveled outside of Canada? (If "Yes" answer where and when):_____
_____

Medications

	Now	Past		Now	Past
Aspirin	□	□	Antibiotics	□	□
Tylenol	□	□	Anti-histamine	□	□
Decongestant	□	□	Ibuprofin	□	□
Ventolin	□	□	Corticosteroids	□	□

Other:_____

Supplements

Please list any supplements that your child takes daily

Supplement	Dose (amount taken daily)	Results

FAMILY HISTORY

Do any of the child's family members(mother, father, siblings, grandparents) have any of the following conditions?

□ heart disease □ diabetes □ birth defects □ hypertension
□ arthritis □ tuberculosis □ cancer □ allergies
□ mental illness □ asthma □ eczema □ alcoholism
□ hypoglycemia □ leukemia □ drug abuse □ migraines
□ SIDS □ digestive problems □stroke □ bleeding disorder
□ kidney disease □ anemia □ epilepsy
□ other significant illness: _____

Please find a consent form and a diet diary on the following pages.

NATUROPATHIC MEDICINE INFORMED CONSENT

Naturopathic medicine is, as the name implies, the treatment and prevention of diseases by natural means. Naturopaths assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.
A number of different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, oriental medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counseling are the mainstays of naturopathic medicine.

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes and to promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

Botanical Medicine is the use of herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

Homeopathy is a form of medicine based on the law of similars - that is the use of tiny doses of the very thing that causes symptoms in healthy people. These minute doses of plant, animal or mineral origin are used to stimulate the body's ability to heal itself. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

Oriental medicine includes acupuncture, as well as the use of botanical formulas and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes moxa (a compressed herb in the form of a stick) is burned over an acupuncture point to help relieve symptoms. Botanical formulas may be given in the form of pills, tinctures, extracts or decoctions (strong teas) to be taken internally or used externally as a wash. Herbal formulas may include shell, mineral and animal materials as well as plants. Dietary advice is based on Traditional Chinese medical theory.

Physical medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems. Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

As Naturopathic Medicine is a holistic approach to health, ***lifestyle*** is considered relevant to most health problems. Your naturopath will help you to identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Your naturopath will take a thorough case history, do a screening physical examination, which could include a breast exam on females, and request bloodwork and urine tests as needed. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams or your naturopath may request you visit your medical doctor for such exams.

Even the gentlest therapies have their complications, especially in certain physiological conditions such as pregnancy and lactation, or in very young children. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important therefore that you inform your practitioner immediately of any disease process that you are suffering from, or if you are pregnant, suspect you are pregnant or you are breast feeding.

PLEASE TURN OVER

There are some health risks to treatment by Naturopathic Medicine. These include, but are not limited to:

- Aggravation of pre-existing symptoms;
- Allergic reactions to supplements or herbs;
- Pain, bruising or injury from venipuncture, intramuscular injections or acupuncture;
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of skin from the use of moxa;

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that the naturopath will answer any questions I have to the best of her/his ability.
I understand that results are not guaranteed. I do not expect the naturopath to be able to anticipate and explain all risks and complications. I will rely on her/him to exercise judgment during the course of the procedure which she/he feels at the time is in my best interests, based upon the facts then known.

I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions)

_____

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Signature of Patient or Guardian _____ Date: _____

Last modified May 1, 2005

PLEASE DON'T FORGET TO COMPLETE THE FOOD DIARY ON THE NEXT PAGE PRIOR TO YOUR CHILD'S APPOINTMENT.

Food Diary

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Other Comments:						

*Please use this form to document a full week of meals. Be as accurate as possible. Record all food, drink, and supplements taken during these seven days.