**Weaving Energy Homeopathy**

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**Please provide the following information regarding your child as it will help in determining the best remedy fit:**

Pregnancy Information: Physically, emotionally and mentally how was the pregnancy for you? Include stresses and joys. Anything unusual or that particularly stand out would be helpful too.

Birth Information: How did the birth process start, what was it like for you and (as best you can) for the baby? What type of birth was it? What tools, if any, were used to help (medications, water birth, etc.)?

Child’s Personality: How would you describe his/her personality when they are feeling well? When he/she is sick? What behaviors are problematic (please describe the behavior and your reaction)?

How is your child when faced with a new person or situation?

Child’s Health: Please describe the child’s physical appearance and any physical complaints, symptoms, patterns, etc. Has the child had vaccinations?

Child’s Sleep: Please describe the child’s sleep pattern and indicate any difficulties, etc.

What does your child most enjoy doing?

What does your child LOVE and HATE to eat?

What is your child afraid of?

How does your child do in school, day care, when they are away from you/parents in general?

What medications, supplements, herbs, remedies, etc. is your child currently taking? Has taken in the past?

What traditional and natural healing methods do you use with/for your child?