

# Peace Valley Holistic Center

224 Old Limekiln Road, Chalfont, Pennsylvania 18914

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**Directions:** Fill out this Questionnaire to PVHC before your initial appointment and bring it to your visit:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number (W) \_\_\_\_\_ Phone Number (H) \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Medical History

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Any difficulties during pregnancy? \_\_\_\_\_

\_\_\_\_\_

Was birth caesarean, induced, long labor or particularly difficult? \_\_\_\_\_

\_\_\_\_\_

Cried a lot in infancy? \_\_\_\_\_

\_\_\_\_\_

Unusually good baby? \_\_\_\_\_

\_\_\_\_\_

Responded to early interactive play? \_\_\_\_\_

\_\_\_\_\_

Began to speak and regressed, describe? \_\_\_\_\_

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At what age were symptoms seen?

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Slow development?

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Prone to ear infections?

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Several courses of antibiotics in childhood?

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Poor eye contact?

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Non-verbal?

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Echolalia?

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Screams or laughs for no apparent reason?

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Unsociable/Withdrawn?

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Unusual or limited food preferences?

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Disturbed Sleep

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Patterns?

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Sensitive to some sounds?

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Dislikes being touched?

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Behavior problems?

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Temper tantrums?

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Any allergies, describe?

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Suffers from Asthma?

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Suffers from Epilepsy?

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Bed wetting after 5 yrs?

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Mood swings?

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Fidgety?

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Unusually anxious and fearful?

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Accident-prone?

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Hyperactive?

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Aggressive?

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Poor co-ordination?

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Injures self or others?

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Does s/he use inappropriate movements such as rocking, whirling, hand flapping, describe?

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List Current Medication if any?

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Any current program of remediation, describe?

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What are your main concerns?

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School:

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Address:

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Phone:

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General Practitioner | Doctor:

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Office:

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Address:

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Phone:

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