



**Stage 1 Intake Checklist: Infant, Toddler, Young Child**

<b>Name:</b>	<b>Sex:</b>	<b>Age:</b>
--------------	-------------	-------------

**Top Concerns**

<b>1</b>	<b>2</b>
<b>3</b>	<b>4</b>

**Signs of Nervous System Disharmony**

<input type="radio"/> Sleep disturbances, Specify Time: <input type="radio"/> Easily overwhelmed or startled <input type="radio"/> Focus or attention challenges <input type="radio"/> Anxious or fearful	<input type="radio"/> Struggles overcoming sadness or anger <input type="radio"/> Mental or physical restlessness <input type="radio"/> Lack of midday or evening stool <input type="radio"/>
--	--

**Bowel Elimination Consistency and Frequency**

*Without the use of stool stimulators or softeners such as magnesium, fiber, etc.*

- Difficult to Pass, Painful, Hard, Pellet (Types #1- #3)
- Blowout, Urgent, Changeable, Loose, Soft (Types #4.5- #7)
- Mucus/ Blood / Undigested Food in stool
- 1, 2, 3, or 4 stools daily
- Stools occur only in one part of the day: AM or PM
- Skips days of passing stool

**Additional Elimination Symptoms**

*Experiences On A Regular Basis (check all that apply)*

- Urinary tract infections
- Crystallizations in urine
- Burning with urination
- Bloating / Pain/ Discomfort
- Burping or Flatulence
- Noisy digestion / Reflux / Vomiting

**Current Vitality Symptoms**

<input type="radio"/> Perspiration that occurs head, back of head, neck and shoulders day or night <input type="radio"/> Skin discoloration (dark spots or loss of pigmentation) <input type="radio"/> Skin inflammation: Cradle cap / Dry patches of skin / Rashes/Acne <input type="radio"/> Eczema <input type="radio"/> Recurrent hives <input type="radio"/> Mouth sores, Cold/ Canker sores	Skin
<input type="radio"/> Swelling in corners of upper or lower lids <input type="radio"/> Circles with discoloration under eyes	Eyes
<input type="radio"/> Dull, dry, or brittle hair, irregular hair growth <input type="radio"/> Slow painful teething	Hair Teeth
<input type="radio"/> Irregular nail surfaces, toes or fingers <input type="radio"/> Nail biting/ Chewing	Nails
<input type="radio"/> Appetite symptoms (refusal to nurse/eat)	Appetite
<input type="radio"/> Difficulty falling asleep or early morning waking <input type="radio"/> Waking unrefreshed after 7-8 hours sleep (being "tired")	Sleep

**Historical Vitality Symptoms**

- C-section birth or Formula fed
- Antibiotic treatments or Acid blockers for reflux
- Medications to mother during pregnancy or breastfeeding
- Tongue tie or Cleft palate (surgery/surgeries)
- Ear infection(s)
- Slow, painful teething, or dental caries
- Prolonged jaundice in newborns
- Child diagnosis with cancer diabetes or heart disease
- Direct family member with cancer, diabetes, heart disease

**Vitality Analysis**

*Indicate Vitality Level (total of current and historical symptoms)*

- High: 0-4 symptoms
- Medium: 5-7 symptoms
- Low: 8 or more symptoms

## Stage 1 Intake Checklist: Infant, Toddler, Young Child

### Child Consumes

- Breastmilk
- Formula (cow's milk)
- Formula (soy milk)
- Any Dairy (cow/goat/sheep milk, cheese, butter, yogurt, etc.)
- Grains (gluten free)
- Grains (containing gluten)
- Meat
- Sugar

### Breast Feeding Mother Consumes

- Any Dairy (cow/goat/sheep milk, cheese, butter, yogurt, etc.)
- Grains (gluten free)
- Grains (containing gluten)
- Meat
- Sugar
- Alcohol
- Tobacco
- Drugs (medicational or recreational)

### Medical Considerations

Prescription medications taken by child:

Prescription medications taken by breastfeeding mother:

Supplements taken by child:

Supplements taken by breastfeeding mother:

Known diagnosis (child):

Medical interventions (child):

IVF     C-Section     Adopted

### Additional Considerations