Hyperactivity, ADD, and ADHD Homeopathic Questionnaire

Date	Child's Name	
Parent or Gua	ardian's Name and Phone	_
	wing statements and choose which statement best fits your child? Put a numbe ur top three choices.	r
which adversel	ild thin, excited, anxious, and always in a hurry? Does your child crave sweets, ly affect his/her behavior? Is he/ she susceptible to conjunctivitis and tonsillitis? id of crowds and dislikes going into public places, including school and prefers the A	
	ild devilish, restless, shy, and fearful, but loves to take chances and play tricks. nd to have abdominal gas, slightly swollen abdomen, or enlarged tonsils?	P
	fidgety child stop once his attention has been attracted. Does your child become to get exhausted and then cry?	
	stless child constantly doing something with his/ her hands (throwing a ball, les, anything but always with the hands, maybe even cracks the knuckles all the K	•
PM.? Tired or	ild more tired, more restless, or more irritable between the hours of 4:00 and 8:00 r not, this child doesn't want to sit down at the dinner table, but prefers to run child looks older than his/her years and is usually of above-average intelligence. L	
	ild irritable, agitated and in a hurry This child may have a history of diaper rash a skin rashes and asthma.	
	child seem to be frequently severely agitated, severely hyperactive and possibly aer agitation with speech that is loud, fast, and possibly incoherent?	
Does your chil	ld have any foods they crave or hate?	
		<u>-</u>
Describe any u	unusual habits your child may have?	
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	tive complaints, rashes, or allergies that you suspect or know?	
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	Weight? Height? Age Sex Thank you.	