

Julie Lachman, ND LLC

1432 Easton Road

Suite 3G

Warrington, PA 18976

[www.drlachman.com](http://www.drlachman.com)

(267) 406-0782

**Child's name:** \_\_\_\_\_ **Your name(s):** \_\_\_\_\_

**Please complete the following questions:**

**1. What unusual behaviors, interests, obsessions, tastes, aversions, fears - does your child have?**

**2. What makes your child upset or stressed and how does she react when upset?**

**3. What makes him or her calm? What gives him or her joy? What is he or she drawn toward doing, having?**

**4. What are the main physical complaints of the child, how would you describe them?**

**5. Try to see life through your child's eyes. How does he/she feel inside? Consider the details --both good and bad. As a parent, you have a deep connection to your child. Julie Lachman needs the information that you alone, as a parent, have access to.**

**6. Reflect on the time of your pregnancy. How did you feel during the pregnancy? What was different during your pregnancy than at other times of your life? Was there any unusual stress, problems, issues, concerns, fears?**



