

# Joachim-F. Grätz

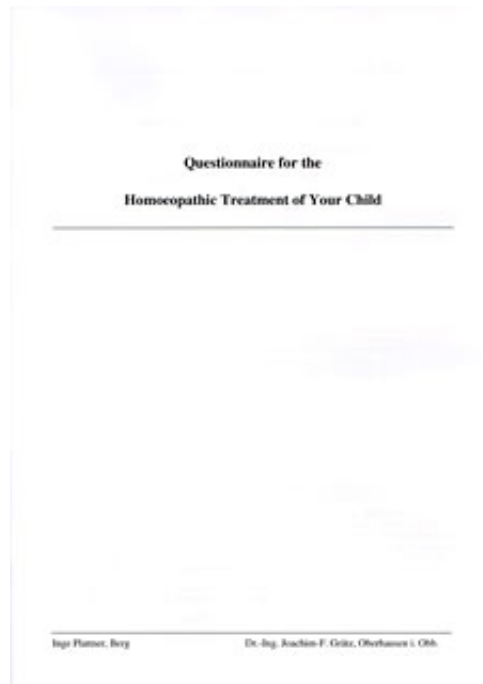
## Questionnaire for the Homoeopathic Treatment of Your Child

Reading excerpt

[Questionnaire for the Homoeopathic Treatment of Your Child](#)

of [Joachim-F. Grätz](#)

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## Questionnaire for the Homoeopathic Treatment of Your Child (KFB\_e)

This questionnaire for children as well as the initial consultation will form the basis for the treatment of your youngsters according to the rules of Classical Homoeopathy.

The questionnaire alone is not enough to choose your homoeopathic remedy successfully. The personal interview is always the most important part. The questionnaire only serves as additional information and offers essentially three advantages:

- Your preparation for your initial interview including your chance to talk to your blood relatives about your family history of illnesses.
- Preparation for the therapist to think outside the box or to analyse any important coherences. He furthermore will probably be able to recognize any features which may seem unimportant to you or you have gotten used to for a long time.
- As an impulse for your subconscious mind to remember forgotten conditions.

## Excerpt from the Homoeopathic Questionnaire for Children

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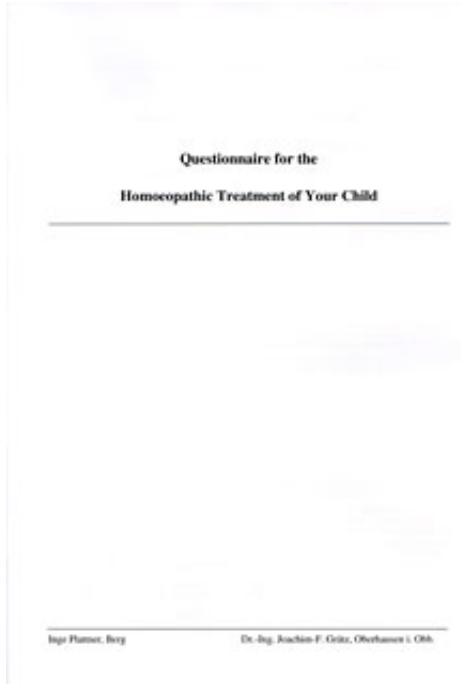
### 3. *Period as a New Born*

- 3.1 Birth weight / length / head circumference?
- 3.2 Did your new born cry immediately? / Breathing problems / blue / cramped?
- 3.3 Any lump or swelling (cephalhaematoma) due to birth / brain haemorrhage?
- 3.4 Strangulated by umbilical cord?
- 3.5 Fracture of the clavicle? – Left- / right-hand side?
- 3.6 Jaundice (how long, how severe?) – Incubator?
- 3.7 Umbilical / inguinal hernia? / Congenital / acquired?
- 3.8 Umbilical inflammation? – Any discharge?
- 3.9 Wryneck? – Left- / right-hand side?
- 3.10 Has your new born been apathetic? / Did they cry constantly?
- 3.11 How long did you breast feed fully / partially? – Were there any problems with breast feeding?
- 3.12 Feeding normal / did not feed well at all? / Frequent vomiting?
- 3.13 Were there any acute diseases in the first 4 weeks of their life?
- 3.14 Was your infant immunised in the first few weeks of their life? – Were there any noticeable reactions (increased or diminished)?
- 3.15 Did your new born receive a blood transfusion?
- 3.16 Did you as their mother receive any medication during lactation period or during the confinement? – If so, which ones and why?
- 3.17 Were you as their mother immunised during the lactation period? – If so, when / what for?
- 3.18 Any other abnormalities during this time?

### 4. *Development of Mind, Physical Body and Postural Function*

- 4.1 Is there any kind of disability by birth or acquired after? – Please describe carefully.
- 4.2 At what age did your child show a reaction when spoken to?
- 4.3 At what age did they start speaking?
- 4.4 Did they ever stutter or have a lisp? – When? / How long for?
- 4.5 At what age did the fontanelle close?
- 4.6 When did your child's first teeth come through? – Was the teething difficult?
- 4.7 At what age was your child able to do the following: Support themselves by their hands / turning over from stomach to back / turning over from back to stomach / sitting / well coordinated crawling / standing / walking (unaided)?
- 4.8 Did they grow normally / slowly / rapidly?
- 4.9 At what age was your child toilet trained / no need for nappies anymore?
- 4.10 Does your child appear average according to their age?

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