

CHILDREN'S TOXIC EXPOSURE - MOTHER'S QUESTIONNAIRE

In an effort to refine our treatment, this questionnaire helps us to know what toxins your child might have been exposed to prior to birth.

Date _____

Mother's name _____

Child's name _____

Please indicate if you have had exposure to any of the following before your child's birth, during your pregnancy or while breast feeding. List details where possible.

Birth details

Vaginal delivery

Caesarian

Complications

Please specify _____

Exposure to toxins

Do you have, or have had amalgam fillings ?

Prior to or during pregnancy or breastfeeding, did you have:

Dental treatments (e.g. amalgam fillings or removal, fluoride treatments)

Vaccinations

Flu during pregnancy or breastfeeding

Alcohol use during pregnancy or breastfeeding

Smoking during pregnancy or breastfeeding

Other drugs during pregnancy or breastfeeding

Please specify _____

Medications

Prior to or during pregnancy or breastfeeding, did you take any of the following:

Anaesthetics (including dental anaesthetics)

Antibiotics

Anti-depressants

Anti-epileptic drugs
Anti-fungal medications
Anti-histamines
Anti-psychotics
Anxiolytics (anti-anxiety medications)
Contraceptives
Diabetic medication (insulin)
Diuretics
Fertility medications
Mood stabilizers
Statins (a class of cholesterol lowering drugs)
Stimulants
Supplements (e.g. zinc, folic acid, multivitamins etc)
Please specify _____

Infections

Prior to or during pregnancy or breastfeeding, have you ever had:

Cold sores
Chicken pox (or vaccination)
Glandular fever
CMV
Flu (or vaccination)
Genital herpes (HSV1 or HSV2)
Others

Please specify _____

Stress

Did you have significant stress to deal with during the pregnancy?

Did you experience post-natal depression or severe ‘bay blues’ with this or subsequent pregnancies?

Please specify _____

