

**FLOWER ESSENCES  
BACKGROUND INFORMATION FORM FOR CHILDREN**

Child's full name \_\_\_\_\_ Referred by \_\_\_\_\_  
Address \_\_\_\_\_ Today's date \_\_\_\_\_  
\_\_\_\_\_

Parents' names \_\_\_\_\_  
Telephone[s] \_\_\_\_\_ Email \_\_\_\_\_  
Date and place of birth \_\_\_\_\_ Adoption \_\_\_\_\_ If so, age \_\_\_\_\_  
Siblings: Names and ages \_\_\_\_\_  
Main reason for using Flower Essences \_\_\_\_\_

Official diagnosis, if any \_\_\_\_\_  
Age first noticed \_\_\_\_\_ Skin problems \_\_\_\_\_ (Male) Circumcision \_\_\_\_\_

**Check where appropriate: Child appears unusually....**

Fearful\_\_\_ Anxious\_\_\_ Angry\_\_\_ Destructive\_\_\_ Impatient\_\_\_ Depressed\_\_\_ Sad\_\_\_ Weepy\_\_\_ Inflexible\_\_\_  
Spacey or remote\_\_\_ Withdrawn\_\_\_ Worried\_\_\_ Shy\_\_\_ Tidy\_\_\_ Unconfident\_\_\_ Perfectionist\_\_\_  
Obsessive\_\_\_ Depressed\_\_\_ Bored\_\_\_ Lacking in creativity\_\_\_ Overwhelmed by tasks\_\_\_ Insecure\_\_\_  
Apathetic\_\_\_ Subservient\_\_\_ Resentful\_\_\_ Uncooperative\_\_\_ Oppositional\_\_\_ Unfocused\_\_\_ Upset by  
spontaneity\_\_\_ Lonely\_\_\_ Over-reactive\_\_\_  
Other \_\_\_\_\_

**Ability to communicate/verbalize feelings:** Excellent \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Describe behavior at home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of child's general state of health:**

Physical [Note any significant medical history, diet, exercise, energy level, allergies, etc.]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emotional-[feelings] \_\_\_\_\_

Mental-[outlook on life] \_\_\_\_\_  
\_\_\_\_\_

**How is child coping at school**

a) Learning \_\_\_\_\_  
\_\_\_\_\_

b) Behavior \_\_\_\_\_  
\_\_\_\_\_

c) Social-friendships \_\_\_\_\_  
\_\_\_\_\_

**Comment on child's sleep patterns.** Any bedwetting \_\_\_\_\_  
\_\_\_\_\_

**Were there any unusual circumstances**

a) during pregnancy \_\_\_\_\_  
\_\_\_\_\_

b] during the birthing process \_\_\_\_\_

c] during early infancy. Was baby nursed, and for how long \_\_\_\_\_

d] after childhood inoculations \_\_\_\_\_

**Any separation from/of parents, stress or significant trauma** \_\_\_\_\_

**Comment on mother's emotional availability for the first 3 years** \_\_\_\_\_

**Daycare:** from what age and for how long \_\_\_\_\_

**Any accidents** \_\_\_\_\_

**Any family deaths/losses** \_\_\_\_\_

**Briefly discuss family background**

[Parents relationship, availability, any addictions, any major moves, grandparents, unusual situations]

**Medications:** now or in the past \_\_\_\_\_

**Any other information that would be helpful - attach additional sheets if necessary.**

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