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CHILDREN'S TOXIC EXPOSURE - MOTHER'S QUESTIONNAIRE

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

In an effort to refine our treatment, this questionnaire helps us to know what toxins your child might

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

Did you have significant stress to deal with during the pregnancy?	
Did you experience post-natal depression or severe 'bay blues' with this or subseque pregnancies?	ent
Please specify	
	

Stress