

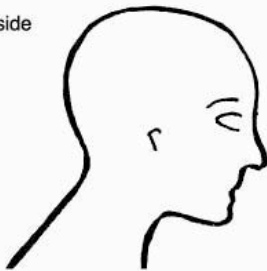
Headaches?

## Does your child suffer from :-

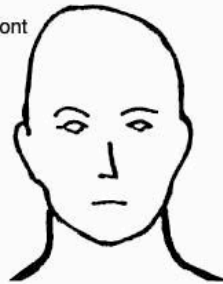
YES / NO

Please mark where pain is ●

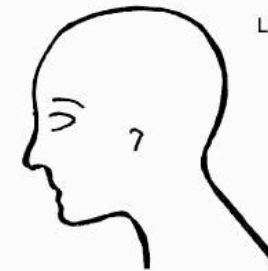
Right side



Front



Left side



Is the pain in - temple or behind eyes

Is the pain - an ache or stabbing pain

Migraine?	YES / NO
Nausea?	YES / NO
Light headed or Dizziness?	YES / NO
Vertigo, loss of balance?	YES / NO
Nosebleeds?	YES / NO
Mouth ulcers?	YES / NO
Inexplicable Rashes?	YES / NO
Low Immunity?	YES / NO
Sharp pricking/Stabbing pains in the body?	YES / NO
Increased tendency to give/receive electric shocks?	YES / NO
Do you have eye problems? Dry eyes? Itchy or Red eyes? (Please indicate by ticking or give further information.)	YES / NO
All year round?	YES / NO
Do you hear humming or clicking sounds?	YES / NO
Have you developed hearing problems?	YES / NO
Diagnosed illnesses, including date diagnosed?	YES / NO

Any extra information you wish to give - Please write on reverse