



FORMS SUPPLEMENT

GOALS ASSESSMENT

FOR FAMILIES DEALING WITH A CHILD'S CHRONIC ILLNESS

Child's Name:

Date of Birth:

Diagnosis:

Date of Diagnosis:

Symptoms:

Medications and Supplements:

Please describe any dietary or lifestyle modifications, herbs and supplements, or complementary/alternative treatments that you have tried previously, and what results you noticed:

Please check any items that you would like to specifically focus on during the next ____ weeks of our coaching sessions. Feel free to elaborate with notes in the space provided:

1. MEDICAL MANAGEMENT

- I need to learn more about my child's specific diagnosis
- I need to learn more about my child's current medications
- I would like to learn how to better communicate with my child's health care team
- I am not sure if my child's current health care team is the best fit for our family, and I would like to discuss the qualities I seek in medical practitioners, and how to find the best fit for our family
- I think my child needs more testing to better evaluate his/her condition, and I would like to learn more about what tests are available

2. ENVIRONMENT

- I need help to identify and/or minimize my child's exposure to toxins in the environment, specifically (circle all that apply):
 - Household Cleaners
 - Personal Care Products
 - Allergens
 - Mold
 - EMFs/Communication Frequency Radiation
 - Other Indoor Toxins
 - Outdoor Air Quality
 - Water (Quality of)

3A. NUTRITION FOR SUSTENANCE

- I need help figuring out what my child ought to eat to meet his/her basic nutritional needs
- I think my child is undernourished and I need help figuring out why, and how to correct this
- I need help figuring out how to get my child to eat

3B. HEALING NUTRITION

- I would like to explore elimination diets to determine whether my child has undetected food sensitivities
- I would like to learn more about specific diets formulated for children with my child's illness
- I would like to learn about specific foods that may benefit my child
- I would like to learn about supplements that may benefit my child

4. DISCIPLINE AND ATTACHMENT

- I would like to learn about discipline techniques to correct my child's undesirable behaviors and work on rule compliance
- I would like to learn more techniques to incentivize good behavior
- I would like to learn techniques for connecting better with my child I would like to learn techniques for managing separation anxiety, or to help create connections with other adults

5. MINDFULNESS PRACTICES

- I have experience with meditation practice
- Religion or spirituality is very important to me
- I would like to learn more about meditation and mindfulness practices
- I would like to learn calming breathing techniques
- My child would benefit from learning techniques to aid in relieving anxiety or in calming aggressive or repetitive behaviors

6. COMPLEMENTARY AND ALTERNATIVE THERAPIES:

I am interested in learning more about the following therapies (circle all that apply):

- | | | |
|-------------------------|---------------------|------------------------------|
| Massage Therapy | Sensory Therapy | Reflex Integration |
| Acupuncture/Acupressure | Functional Medicine | Anat |
| Chiropractics | BioSET | Baniel/Feldenkrais Methods |
| Homeopathy | NAET | Craniosacral Therapy |
| Herbals | Neurofeedback/NMT | Auditory Integration Therapy |
| Vision Therapy | Integrative Manual | |
| Vibrational Therapy | Therapy (IMT) | |

7. FAMILY DYNAMICS AND STRESS MANAGEMENT

- I would like to incorporate better stress management techniques for myself and/or my spouse
- I would like to explore stress management techniques for the siblings/nonaffected children
- There is a great deal of stress and/or tension in our household
- There are individuals outside of the immediate family who ought to be incorporated into our healing plan
- I spend more time and energy disciplining and accomplishing tasks for my child(ren) than I do playing and bonding with my child(ren)

In one month, the positive change I would most like to see is:

In three months, the positive change I would most like to see is:

In six months, the positive change I would most like to see is:

In one year, this is where I would like our family to be:

In three years, this is where I would like our family to be:

In five years this is where I would like our family to be: