COMPLETE THIS PAGE FOR CHILDREN INFANT TO 3 YEARS OF AGE

PRENATAL HISTORY

DURING PREGNANCY DID YOU USE:
❑ DRUGS/MEDICATIONS ❑ TOBACCO/ALCOHOL
IF YES, PLEASE EXPLAIN:

LOCATION OF BIRTH:
❑ HOME ❑ BIRTHING CENTER ❑ HOSPITAL

DESCRIBE YOUR DELIVERY:

❑ LABOR WAS CHEMICALLY INDUCED ❑ LABOR WAS DOCTOR ASSISTED
❑ C-SECTION DELIVERY ❑ FORCEPS/VACUUM EXTRACTION
❑ DOCTOR PULLED OR TWISTED BABY ❑ PREMATURE DELIVERY

PLEASE EXPLAIN:

HOW LONG WAS THE LABOR FROM THE FIRST REGULAR CONTRACTIONS TO THE BIRTH?
_____

HOW LONG WAS THE 2ND STAGE (THE PUSHING PHASE) OF LABOR?
_____

DESCRIBE ANY COMLICATIONS EXPERIENCED DURING DELIVERY:

DID YOU EXPERIENCE ANY ILLNESS(S) WHILE PREGNANT?
❑ YES ❑ NO
PLEASE EXPLAIN:

PLEASE DESCRIBE ANY GENETIC OR DISABILITIES:

BIRTH WEIGHT:

BIRTH LENGTH:

APGAR SCORES: AT 1 MIN _____ /10 AT 5 MIN _____ /10

ULTRASOUND DURING PREGNANCY? ❑ YES ❑ NO NUMBER: _____

DID YOU BREASTFEED THE BABY? ❑ YES ❑ NO
IF YES, HOW LONG?

DID YOU FORUMULA FEED THE BABY? ❑ YES ❑ NO
IF YES, HOW LONG?

AT WHAT AGE DID YOU INTRODUCE:

SOLIDS:

COW'S MILK:

ARE YOU AWARE OF ANY FOOD OR JUICE ALLERGIES OR INTOLERANCE?
❑ YES ❑ NO

CHILD'S CURRENT HEALTH STATUS

HAS YOUR CHILD EVER TAKEN ANTIBIOTICS? ❑ YES ❑ NO
PLEASE EXPLAIN:

HAS YOUR CHILD EVER BEEN HOSPITALIZED? ❑ YES ❑ NO
PLEASE EXPLAIN:

THE NATIONAL SAFETY COUNCIL REPORTS APPROXIMATELY 50% OF CHILDREN FALL HEAD FIRST FROM A HIGH PLACE DURING THEIR FIRST YEAR OF LIFE (I.E.: BED, CHANGING TABLE, STAIRS, ETC.).
WAS THIS THE CASE FOR YOUR CHILD? ❑ YES ❑ NO
PLEASE EXPLAIN:

HAS YOUR CHILD EVER BEEN IN A CAR ACCIDENT? ❑ YES ❑ NO
PLEASE EXPLAIN:

HAS YOUR CHILD EVER HAD SURGERY? ❑ YES ❑ NO
PLEASE EXPLAIN:

DOES YOUR CHILD HAVE DIFFICULTY INTERACTING WITH OTHERS?
❑ YES ❑ NO
PLEASE EXPLAIN:

HAVE YOU OR ANYONE ELSE NOTICED THAT YOUR CHILD IS NERVOUS, TWITCHES, SHAKES OR EXHIBITS ROCKING BEHAVIOR?
❑ YES ❑ NO
PLEASE EXPLAIN:

WHAT CHANGES (IF ANY) IN YOUR CHILD'S HEALTH OR BEHAVIOR WOULD YOU LIKE ACCOMPLISHED?

CHILD'S HEALTH HISTORY

INSTRUCTIONS: *Please check each of the diseases or conditions that the child now or has had in the past. While they may seem unrelated to the purpose of the appointment, they can affect the overall diagnosis, care plan and the possibility of being accepted for care.*

❑ ACID REFLUX	❑ CONSTIPATION	❑ FREQUENT COLDS, COUGHS,
❑ ASTHMA	❑ DIARRHEA	❑ HYPERACTIVITY
❑ BED WETTING	❑ DIFFICULT WEIGHT GAIN	❑ LEARNING DISORDERS
❑ COLIC	❑ EAR INFECTIONS	❑ SLEEPING DIFFICULTIES