

LABOR AND DELIVERY HISTORY

Child's birth was: () Natural Vaginal Birth () Scheduled C-Section () Emergency C-Section Born at how many weeks?

Child's birth was: () At home () Birthing center () Hospital () Other Birth Provider's Name:

Check all that apply: () Breech () Induction () Pain Meds () Epidural () Episiotomy () Pitocin () Vacuum () Forceps

Please describe any other concerns about your child's labor/delivery?

Birth weight: Birth length: Apgar scores: Length of labor:

GROWTH AND DEVELOPMENT HISTORY

Is/was your child breastfed? () Yes () No If yes, how long? Difficulty with breastfeeding? () Yes () No

Did they ever use formula? () Yes () No At what age? What type?

Did/does your child suffer from colic, reflux or constipation as an infant? () Yes () No Please explain:

Did/does your child frequently arch their neck/back, feel stiff or bang their head? () Yes () No Explain:

At what age did the child: Respond to sound____ Follow an object____ Hold their head up____ Vocalize____ Teethe____

Sit alone____ Crawl____ Walk____ Stand____ Begin cow's milk____ Begin solid foods____

Please list any food intolerances or allergies, and when they began:

Please list your child's hospitalization & surgical history, including the year:

Please list any injuries, falls, accidents, fractures:

Have you chosen to vaccinate your child? () No () Yes, delayed schedule () Yes, CDC schedule

Any vaccine reactions?

Has your child received antibiotics? () Yes () No How many courses, and when?

Night terrors or difficulty sleeping? () Yes () No Please explain:

Behavioral, social or emotional issues? () Yes () No Please explain:

How many hours a day does your child spend on TV, computer, phone, tablet, etc?

How would you describe your child's diet? () Mostly whole, organic foods () Pretty average () High amount of processed foods () Picky

Is there anything else you would like us to know about your child or their health?

Problem with friends, school, sensory, focus/concentration, transitions?

Acknowledgement and Consent

Parent signature _____ Date _____