Prenatal History

Type of Birth Attendant: ☐OB/GYN ☐CNM ☐Lay Midwife Name of attendant: _____

Location of Birth: ☐Home ☐Birthing Center ☐Hospital

Complications during pregnancy: ☐Yes ☐No Please describe: _____

Ultrasounds during pregnancy: ☐Yes ☐No Number: _____

Medications during pregnancy: ☐Yes ☐No Please describe: _____

Cigarette/alcohol use during pregnancy: ☐Yes ☐No

Birth intervention: ☐Forceps ☐Vacuum ☐Caesarian: Planned or Emergency? _____

Complication during delivery: ☐Yes ☐No Please describe: _____

Genetic disorders or disabilities: ☐Yes ☐No Please describe: _____

Birth weight: Birth length: APGAR scores

Feeding History

Breast fed: ☐Yes ☐No How long? _____ Formula fed: ☐Yes ☐No How long? _____

Formula type: Introduced to solids at: _____ months

Cow's milk at: _____ months

Food/juice allergies or intolerances: ☐Yes ☐No Please describe:

Developmental History

Number of hours sleeping per night: _____ Quality of sleep: ☐Good ☐Fair ☐Poor

At what age was your child able to: Respond to sound? Hold head up? Sit up?

Respond to visual stimuli? Stand alone? Cross crawl? Walk alone?

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e., a bed, changing table, down stairs, etc.). Does this apply to your child? ☐Yes ☐No

Is/has your child been involved in any high impact or contact type sports? ☐Yes ☐No Please describe: _____

Has your child ever been involved in a car accident? ☐Yes ☐No Date: _____

Has your child been seen on an emergency basis? ☐Yes ☐No Reason and date: _____

Other traumas not described above? ☐Yes ☐No Date: _____

Prior surgery: ☐Yes ☐No Type and Date: Menarche: ☐Yes ☐No Age:

Childhood Diseases

Chicken pox: ☐Yes ☐No Age: _____ Mumps: ☐Yes ☐No Age: _____

Rubella: ☐Yes ☐No Age: _____ Whooping cough: ☐Yes ☐No Age: _____

Rubeola: ☐Yes ☐No Age: Other: ☐Yes ☐No Age:

Authorization for Care of Minor

I hereby authorize this office and its Doctors to administer care to my son/daughter as they deem necessary. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.

_____

Signed Witnessed Date