CHIROPRACTIE LEIDEN

Rooseveltstraat 2U – 2321 BM Leiden – 071-5127788 – info@chiropractieleiden.nl

Infant / Child's History Form

HEALTH HISTORY

Has your child ever taken antibiotics? Y/N. Condition treated?

_____

Is your child taking any medication? Y/N. Reason?

_____

Has your child ever had any illnesses? Y/N. Details:

_____

Has your child ever been involved in a car accident? Y/N. Date & injuries:

_____

Has your child ever fallen head first from (changing table, bed, stairs, ...) Y/N.

_____

Other traumas not described? Y/N. Type & date:

_____

Prior surgery/hospitalization: Y/N. Type and date:

_____

Has your child ever had any vaccinations? Y/N Which?

❒ HBV / HEP B (Hepatitis B): Age _____

❒ MMR (Measles, Mumps, Rubella): Age _____

❒ DTP or ❒ DTAP (Diphtheria, Tetanus, Pertussis): Age _____

❒ Varicella (Chicken pox): Age _____

❒ HBCV / HIB (H. influenza type B conjugate): AGE _____

❒ PCV (PNEUMOCOCCAL): Age _____

❒ OPV (Oral Polio Vaccine) or ❒ IPV (Inactivated Polio Virus): Age _____

❒ other vaccine): Age _____

❒ other vaccine): Age _____

Adverse reactions to any vaccine? Y/N List:

_____

SYMPTOMS

(Please check any current or past problems your child had on this list below)

❒ DIZZINESS	❒ ASTHMA	❒ POOR APPETITE
❒ NECK PAIN	❒ ADHD/HYPERACTIVITY	❒ ALLERGIES

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❒ POOR MEMORY	❒ ARM/ELBOW PAIN	❒ BACKACHES
❒ RUNNY NOSE	❒ INSOMNIA	❒ LEG/HIP PAIN
❒ HEART CONDITION	❒ ITCHY EYES	❒ BED WETTING
❒ FOOT/ANKLE PAIN	❒ DIABETES	❒ RASHES
❒ NIGHTMARES	❒ NIGHT SWEATS	❒ TUBERCULOSIS
❒ UNUSUAL MOLES	❒ CONVULSIONS	❒ NIGHT PAIN
❒ EAR INFECTION	❒ SINUS TROUBLE	❒ PAINFUL URINATION
❒ JOINT PAIN	❒ FEVER CHILLS	❒ COUGH/WHEEZE
❒ MUSCLE PAIN	❒ SCOLIOSIS	❒ FREQUENT COLDS
❒ CONSTIPATION	❒ FAINTING	❒ BLOOD DISORDERS
❒ ARTHRITIS	❒ RHEUMATIC FEVER	❒ BROKEN BONES
❒ HEADACHES	❒ DIARRHEA	❒ HERNIA

PRENATAL HISTORY

Did you reach full term? Y/N _____ weeks.

Complications/illnesses/hospitalizations during pregnancy? Y/N. List

_____

_____

_____

Ultrasounds during pregnancy? Y/N. Number? ____❒ 3D ____❒ 4D

Cigarette/alcohol use during pregnancy? Y/N. How much?

_____

Medications during pregnancy/delivery? Y/N. List:

_____

Mother's blood type: ❒ Rhesus positive ❒ Rhesus negative

BIRTH

Location of birth: ❒ home ❒ birthing centre ❒ hospital ❒ unsure

_____

Type of delivery: ❒ Caesarean ❒ Vaginal

Ease of birth: ❒ better than expected ❒ as expected ❒ difficult ❒ distressed

Birth intervention: ❒ forceps ❒ vacuum ❒ caesarean

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Reason? _____

What position was the baby born in?

❒ breech ❒ face presentation ❒ arm first ❒ head first ❒ other

Genetic disorders or disabilities? Y/N List:

_____

Duration of labour: 1ST stage _____ (~10HRS) 2ND stage _____ (1HR) 3RD stage _____ (15min.)

Birth weight: _____ Birth length: _____ Apgar scores: 1 min _____ 5 min _____

FEEDING HISTORY

Breast-fed? Y/N How often? _____ How long? _____ (20mins every 2-3 hours is normal)

Do/did you find breast-feeding difficult? Y/N. Reason:

_____

Preference for one breast? Y/N. Which?

_____

Formula fed: Y/N. How often?_____ How much? _____

Brand? _____ Was the formula changed? Y/N.

Why?_____

Feeding behaviour: ❒ greedy ❒ well ❒ disinterested ❒ sparse ❒ regurgitation

Is your baby windy? Y/N/sometimes

Introduced to solids at _____ months (not before 6 months). Cow's milk at _____ months

Food/juice allergies or intolerances Y/N. List:

_____

SLEEP HISTORY

Hours per night _____ Naps: (number & lengths) _____

Sleeping position: ❒ back ❒ right side ❒ left side ❒ front

Problems sleeping:

_____

_____

CRYING HISTORY

Time of day/Night? _____

(colic= end of day, >3hrs, >3days, >3wks!)

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After feeds? Y/N.

Duration (average/day): ❒ <1 hour ❒ 1-2 hours ❒ 3-4 hours ❒ >4 hours

Type: ❒ normal ❒ scream ❒ painful ❒ whimper

Number of wet nappies per day (min. 5)? _____

Number of dirty nappies a day (min. 1)? _____

Colour/Consistency of stools ? _____ ('toothpaste' is good)

DEVELOPMENTAL HISTORY

6 wks: smile _____

12 wks: hold head steady/pushes up on arms _____

4 mths: titanic _____

5 mths: tripod _____

6 mths: ocular vision accommodation development (*hability to foc*us) _____

7 mths: sitting alone (supported)_____

8 mths: sit alone _____

9 mths: standing (supported)

11mths: crawl _____

12 mths: say words_____

13 mths: walk alone _____

PREVIOUS PREGNANCIES

How many previous pregnancies have you had? _____

Did you reach full term? Y/N. _____ weeks

What position was the baby born in?

❒ breech ❒ face presentation ❒ arm first ❒ head first

Type of delivery? ❒ caesarean ❒ vaginal ❒ vacuum ❒ forceps

Pain relief?

❒ none ❒ gas & air ❒ pethidine ❒ epidural ❒ general anaesthetic

Reason for intervention?

Duration of labour: 1ST stage _____ (~10HRS) 2ND stage _____ (1HR) 3RD stage _____ (15min.)

Did you experience back pain with labour? Y/N

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ADDITIONAL COMMENTS:

_____

_____

_____

_____