

BIRTH HISTORY

Patient Name: _____

Date of Birth: _____

Exam Date: _____

File #: _____

Labor/Delivery Gestational Age: _____ weeks.

Birth Venue (circle): Hospital Birth Center Home Other: _____

Length of Labor (Time): _____

Birth Outcome: (circle)

Vaginal: Induced or Natural

Induced: Yes No Medications _____

Manual _____

Cesarean Section: Planned or Emergency

Instruments used: Vacuum Extraction Forceps Epidural Episiotomy

Any Complications (Please Explain)?

Neonate Position: Breech Face Up Face Down

Cord Cut: Immediately After ____ Minutes

After giving birth did you experience any of the following:

Depression Mood Swings Fatigue
Energy Boost Irritability Infection

Neonate Immediately After Birth

APGAR Score: _____ 1 minute _____ 5 Minutes _____

Comment on low score(s): Heart rate, Breathing, Grimace, Activity, Appearance: _____

Neonate cried immediately after birth: Yes or No

Strength of Cry: Weak _____ Did not cry for ____ minutes.

Was intensive care necessary for neonate? _____

Did you plan to breastfeed? Yes or No

Was the neonate fed formula in nursery (venue: hospital): Yes or No

Was the neonate ever fed formula: Yes or No

Was the formula soy base: Yes or No

Vaccines Administered: Yes or No Which ones? _____

Vitamin K: Yes or No

PKU: Yes or No

Birth weight: _____lbs/kgs _____oz

Birth Length _____inches/centimeters

Head Circumference: _____

Was your male neonate circumcised? Yes or No

Birth to 12 months

At what age did your infant erupt their first tooth? _____

At what age did your infant begin solids? _____

What were your infant's first solids? _____

What did your infant's diet consist of (give an example of breakfast, lunch and dinner)?

Describe your infant's first year of health (circle and describe all that apply and how they were managed):

Ear Aches Teething Problems Rashes Eczema Yeast Infections
Constipation Diarrhea Sensitivities Chronic Colds/Flu

Has your infant received an H1N1 vaccine? Yes or No Injection or Nasal Spray

Developmental Milestones

Gross Motor Skills

- 4 weeks Holds head momentarily
- 3 mths Head and shoulder supported by forearms
- 4 mths Infant pulled to sitting position by hands
- 6 mths sits unsupported in the upright position other
- 6 mths head and shoulder supported by arms
- 6 mths rolls from face up to face down
- 9 mths crawls
- 9 mths stands holding onto furniture

Social Skills

- 2 mths Smiles
- 3 mths Reaches for familiar objects
- 4 mths Plays with hands
- 6 mths Plays with feet
- 9 mths Expresses joy/pleasure
- 12 mths Feeds self using fingers

Adaptive Skills

- 10 mths Uses a cup unassisted
- 12 mths Holds own bottle

Fine Motor Skills

- At birth grasp reflex present
- 4 mths holds and shakes a rattle
- 5 mths grasps objects indepently
- 6 mths moves an object from one hand to the other
- 6 mths explores objects in the mouth
- 6 mths self feeding, holds and eats finger food
- 12 mths picks up object with thumb/index finger

Communication Skills

- 7 weeks Makes cooing sounds
- 3 mths Laughs
- 5 mths Uses one syllable words - "da"
- 8 mths Uses two syllable words - "da da"
- 12 mths Uses 2 to 3 words