

## PEDIATRIC (for patients 18 and under only)

### PREGNANCY (Mother)

Mothers age when pregnant \_\_\_\_\_

What number pregnancy was this? \_\_\_\_\_

Number of abortions/miscarriages? \_\_\_\_\_

Number of live births? \_\_\_\_\_

Unplanned pregnancy

Complications,

In vitro

Artificial insemination

Amniocentesis

Number of ultrasounds \_\_\_\_\_

Medications during pregnancy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trauma during the pregnancy

Illnesses during pregnancy

### LABOR

False labor

How long was active labor? \_\_\_\_\_

Difficult labor

Pitocin

Pain medication

Epidural or spinal anesthesia

### DELIVERY

When was the baby born relative to the due date? \_\_\_\_\_

Babies position? \_\_\_\_\_

C-section

Forceps

Episiotomy

Vacuum extraction

Cord wrapped around the neck

Difficult/traumatic delivery

Meconium staining

### NEWBORN

What was the birthweight? \_\_\_\_\_

APGARS: 1 min \_\_\_\_ 5 min \_\_\_\_\_

Head asymmetrical/uneven at birth

Unusual cry at birth

### NUTRITION

Breast

Formula \_\_\_\_\_

Other \_\_\_\_\_

Did NOT nurse immediately after birth

Difficulty nursing

### INFANT

Spitting up

Rigidly arches backward

Muscle tone feels loose or floppy

Muscle tone feels too tight or rigid

Torticollis (head and neck side-bent)

Colic

Age of first illness \_\_\_\_\_

Helmet use for uneven head

### BABY

Age first slept through night \_\_\_\_\_

Used a walker or similar device

Used a swing

Growth and development problems

What age did your child:

Sit up \_\_\_\_\_ Creep \_\_\_\_\_

Crawl \_\_\_\_\_ Cruise \_\_\_\_\_

Walk \_\_\_\_\_ Talk \_\_\_\_\_

### SENSITIVITIES

Easily startled?

Food sensitivities

Picky eater

Difficulty wearing certain clothing

### MOTOR SKILLS

Clumsiness

Difficulty drawing a straight line, circle, square, or complex figure

### SCHOOL

Poor grades in school

Homework difficult

Poor concentration/short attention span

Doesn't get along with classmates

### EXPOSURE/HABITS

Possible lead exposure (old home/plumbing/peeling paint)

Smokers in household

TV-hours per day \_\_\_\_\_

Computers-hours per day \_\_\_\_\_

Video game-hours per day \_\_\_\_\_

Suck finger/thumb/lip/pacifier

Nail biting

Your relationship the child \_\_\_\_\_

Location of birth \_\_\_\_\_

Is the child yours by:

Birth  Adoption  Marriage

Other \_\_\_\_\_

Are both biological parents raising the child?  Yes  No

Parents:  Unmarried  Married

Separated  Divorced

Father's professions \_\_\_\_\_

Mother's professions \_\_\_\_\_

Is your child:

Irritable  Aggressive  Shy

### SIBLINGS

List all siblings

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_