

Infant Health Profile

Child's Name: _____ Sex _____ Today's date _____

Parent/Guardian Contact Information:

Parent/Guardian _____ Cell _____

Parent/Guardian _____ Cell _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____)____ - ____ Work (____)____ - ____

Primary Email _____ Referred by _____

Child Health History:

Date of Birth _____

At birth: Weight _____ Length _____ Today: Weight _____ Length _____

Type of Birth:

vaginal cesarean forceps vacuum extraction

Presentation at birth (was the baby in the breech position): _____

Pregnancy History:

Total maternal weight gain _____

Any problems encountered during your pregnancy? (i.e. illnesses, extreme amount of stress or grief, physical trauma, etc.)

Briefly describe your nutrition and exercise habits throughout your pregnancy:

Labor and Delivery:

Location of birth _____

Were you given pitocin? Y/N _____

Any sedation or anesthesia applied? _____

Were there any interventions? _____

How long were you in labor? _____

APGAR score _____

(next)

Digestion and Elimination:

Breast fed for _____ months/years

Formula fed for _____ months/years Brand of formula _____

Solids introduced at age _____ First 3 foods: _____

If formula fed, has your baby ever had reflux? _____

If breast fed, does your baby prefer one side? If so, which side _____

Appearance, frequency and any concerns with bowel or bladder habits:

Please rate your baby's quality of sleep: excellent good fair poor

Please rate your baby's quality of eating: excellent good fair poor

Additional Information:

Pediatrician's Name _____ City _____

Immunization History:

If your child has had all of the recommended vaccines, indicate "ALL" _____

Have you opted out of any vaccines? If so, which ones _____

Have you split up any of the vaccine series? _____

Did you postpone or choose not to vaccinate? _____

Developmental History: (*Answer to the best of your ability*)

At what age did your child:

Respond to sound _____

Hold head up independently _____

Sit alone _____

Crawl _____ For how many months did he/she crawl? _____

Stand alone _____ Walk _____

Please list any significant physical traumas your baby has experienced:

Are there any additional questions or topics you would like to discuss today? If so, please indicate here:

We are here to serve you and we encourage you to ask questions. Your participation is vital and will help determine your results.