

Birth & Neonatal/Infant History

General Information:

First name: _____ Last name: _____ Date of Birth: _____

At what week of pregnancy was your baby born? _____ APGAR Score: _____

Weight: _____ Length: _____ Head Circumference: _____

Presenting condition & History:

Please describe your baby's current conditions (i.e. reflux, not sleeping/eating well, gas, etc.): _____

Is your baby suffering or suffered from: Fevers Rashes Seizures NICU stay NONE

Breast Fed: Yes No Duration: _____ Formula Fed: Yes No Duration: _____

Type of formula: Lactose Soy Amino Acid Base Homemade

Introduced to solids at _____ months Introduced cow's milk at _____ months

Food/Juice allergies/intolerances? Yes No Describe: _____

Delivery:

Place of Birth: Hospital Birthing center Home Midwife

Birth Practitioner: OB/GYN Certified Nurse Midwife Certified Practicing Midwife Lay Midwife

Was Labor Induced? Yes No – Natural start Unknown

If Yes, specify type: Pitocin Prostaglandin Gel (applied to your cervix) Unknown

Baby's birth? Vaginal VBAC Planned Caesarian Unexpected Caesarian

Was there a birth intervention? Yes No Unknown

If yes, which type? Forceps Vacuum Extraction

Did you receive any pain medications or anesthesia? Yes No Unknown

If Yes, specify type: _____

If you had an epidural, how many centimeters were you dilated when administered? _____

Did you experience back pain during labor? Yes No Unknown

Baby presentation at the time of birth: Normal Posterior Brow Facial Breech

If Breech, specify type: Footling Frank Complete Kneeling

Was there any visible injury to your baby? Yes No Unknown

If Yes, where on your baby was the injury sustained? _____

Vaccinations to date (if any): _____

I hereby verify all information provided is correct and true.

Parent/Guardian Name & Relationship: _____

Signature: _____ Date: _____