

PEDIATRIC MEDICAL INFORMATION FORM Birth to 3 months

Date:

Child's Name:		Parents' Names (last if different from baby) and Occupations:	
Address (include city):		Postal Code:	
Email Address:		Best time to contact:	
Day (Work) Number:	Evening (Home) Number:	Cell Number:	
Birth Date:	Gender:	Physician:	
Referred by:		Other Physio this year (where):	
Attending Physician /Midwife, etc:			
Complications during pregnancy:			
Length of pregnancy:			
Position of baby prior to birth:			
BIRTH HISTORY: Length of Labour:		Cesarean (Emergency or planned):	Forceps:
Suction:	Medications during pregnancy/delivery: Alcohol:	Pitocin:	Others:
Describe in detail any difficulties, medical interventions, etc. (i.e.breech, turning the baby, dystocia, cord around neck, decreased heart rate etc.) during labour:			
Apgar:			
Weight at Birth:		Length at Birth:	
Current Age:		Current Length:	
FEEDING: Schedule and duration:			
Bottle:		Nursing:	Difficulties:
Describe any other postnatal problems such as colic, hair pulling, poor sleeping habits, obvious cranial abnormal shaping, etc.:			
Medications (baby):			

Medications (mother, if nursing):	
Current Treatments (type and results):	
FAMILY HISTORY: Medical History (asthma, colic, etc.)	
Congenital Defects (i.e. Down's Syndrome, etc.):	
Number of other children:	Ages:
Any previous birth complications:	
Previous miscarriages or abortions:	
Your goal with therapy:	
If Visualization and Imagery are used as part of the therapy, which do you prefer? Christian Approach ( ) OR Secular Approach ( )	
Other Comments:	
Parent's Signature:	

**ADDITIONAL INFANT HISTORY**

**Baby's name**

**Prenatal Period**

Did you experience any illnesses during the pregnancy? Any medications taken at all?

Did anyone of importance in your life die during your pregnancy?

Did you lose a child prior to the pregnancy? If so, when?

Was this an expected pregnancy?

If not, what was your reaction, the father's reaction?

Were there any thoughts of adoption or abortion as a result of an unexpected or unwanted pregnancy?

Was there stress in the family home from situations not related to the pregnancy (difficult sibling, financial stresses etc)?

**FURTHER BIRTH INFORMATION**

Any unusual cranial molding of the cranium or excess overlapping?

Was there any need for intensive care for you or your baby? Nature of problem?

If yes, did it include an extended stay in a hospital for either you or baby with a resulting separation between the infant and you? How long was the separation (hours, days)?

Was father present at the birth? If yes, what role did he play?

### **POST NATAL**

Is baby eliminating appropriately?

Are you anxious or depressed about ability to support the baby (nursing issues or general feelings of inadequacy)

Are you or have you experienced post partum depression? If yes, is it still a problem or has it resolved?

Is father present in the day to day care of the infant? In what way?

If siblings, what is the relationship between sibling(s) and the new infant?

### **FAMILY HISTORY**

What was your experience with your own birth story, (thinking of details above) and relationship with your own mother in the first few months of life?

Milestones reached by 3 months (Yes/No)

If no, please describe the difference (ie only uses one arm)

**Sounds:** cries, coos, grunts, babbling

### **Motor Ability**

Moves both arms in wide circular movements

Swipes at toys or your face with arms

Briefly holds an object placed in hand

Looks at your face

Watches your face or a toy