Ross Clinic of Osteopathy and Complementary Medicine

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www.rossclinic.co.uk www.herefordosteopaths.co.uk

Baby & Childhood History

PLEASE FILL IN ALL 5 PAGES IN EVERY CASE

Your appointment may include osteopathic evaluation and treatment. Please sign the following consents to save time on the day:

I GIVE CONSENT FOR THE OSTEOPATH TO EXAMINE AND TREAT MY CHILD/BABY

TOIVE CONSENT FOR THE OSTEOPATH TO EXAMINE AND TREAT WIT CHILD/BABT					
SIGNED			DATE		
CHILD'S NA	ME			MALE / FEMALE	
NAME OF P	PARENT (OR GUARDIAN:			
ADDRESS:					
Telephone	No: (Home):			
	(Work):			
	(Mobile):			
	(Email):			
Your GP's r	name				
GP Address	:				
How did you hear about this practice?			Friend	Family	Website
Midwife	Doctor	Health Visitor	Talk	Leaflet	Telephone book
Other					

MEDICAL INSURANCE To find out if you are covered please contact your insurance company. Please ask the receptionist for a receipt so that you may reclaim the fee.

Your child//baby's Date of Birth:

Birth Weight:

Brothers and sisters (dates of birth & birth weights). Please detail any problems siblings have had.

PROBLEM: Reasons why you are bringing your child/baby.

On a scale of 1 - 10 how severe or disturbing is the problem, where $\mathbf{0}$ is no problem at all and $\mathbf{10}$ is the worst it can possibly be? Please place an \mathbf{X} on the scale.

0 10

About the mother during pregnancy

Mother's age

- 1. IVF Problems
- 2. How did you feel physically & emotionally during pregnancy?
- 3. Excessive stress or trauma: Describe
- 4. Illnesses: Describe
- Bed Rest: Describe
- 6. Toxaemia: Describe
- 7. Any drugs taken: Describe
- 8. Any issue that needed medical attention during pregnancy:
- 9. Any other issues during pregnancy:
- Tests during pregnancy: ultrasound scan, nuchal scan, x-ray,
 amniocentesis, chorionic villus sampling, alpha foetal protein
- 11. Describe babies movements in utero
- 12. Baby's head engaged: When

13. Was baby born on the due date, if not how many days early or late? 14. Birth Hospital Home 15. Onset of labour Induced **Spontaneous** 16. Waters broken by midwife 17. Part born first? Head Breech Footling breech 18. Approximate length of labour 3rd Stage 1st Stage 2nd Stage 19. Drugs used during labour 20. Was the baby stuck at any stage? Describe Suction Forceps Cord around neck? Describe: 21. Foetal distress Describe 22. Planned C-section (before birth started) Emergency C-section (after birth started) 23. Oxygen Issues before or after birth Describe 24. If forceps were used where were marks immediately after birth? level with ears Above ears below ears AFTER BIRTH 25. Stuck on presentation - How? 26. How long was baby removed before you touched him or her? 27. APGAR score 1 min 5 mins 28. Time in incubator or NICU - How long? 29. Any noticeable concerns/difficulties at or after birth 30. Multiple pregnancies in utero but not at delivery? multiple birth at birth? Birth order 31. Within the first 30 minutes did the baby: Suck? Cry? 32. Any concern about baby's head? 33. Head shape changed much during the first 24 hours? Describe 34. Baby settled between feeds during first week, or not? 35. Ongoing medical treatments/drugs for mum and baby?

PATIENT'S BIRTH (a copy of hospital discharge summary would be helpful)

FEEDING

36.	Breastfed	Bottle fed	Problems			
37.	Colic Explain	1				
38.	Early sleep issues					
39.	Introduced solids age					
40.	Early food issues					
41.	Weight gain - Percentiles?					
42.	Bowels					
43.	Early, frequent startling at sound, touch, light					
44.	Little or no tummy time					
45.	Floppy head after 2 months					
46.	Sat unsupported at					
47.	Rolled at					
48.	Crawled at					
49.	Bum shuffled	Dragged one	e leg Other			
50.	Walking Age					
51.	No babbling					
52.	Little eye contact after 4 months					
53.	Starting saying	y words age	Short sentences began age			
54.	Potty trained [Day	Night			
VACCINATIONS						
55.	DPT I	Hib (Meningitis)	Pertussis (Whooping Cough),			
	MMR (Measles	s, Mumps and Rube	ella), BCG (Tuberculosis)			
56.	Reactions to va	accinations				
57.	ILLNESSES (in	ncluding infections a	and any medication given).			

58. **MEDICATION** What drugs or medicines is your child taking now (include skin applications and creams)?

60.	ACCIDENTS					
61.	HOSPITAL ADMISSIONS casualty, tests, treatments, operations (including circumcision)					
62.	DENTAL HISTORY (any problems, treatment, or orthodontics)					
63.	List any OTHER THERAPIES, TREATMENTS, etc., currently used and provide approximate dates for those utilized in the past.					
64.	SCHOOL OR NURSERY (please give the school name; is there anything special about it?)					
65.	MOVEMENTS & FAVOURITE POSITIONS (have you noticed any asymmetries or difficulties)?					
66.	FAMILY GENERAL HEALTH (parents, grandparents, aunts and uncles).					
67.	Family History of: Asthma. Eczema. Hayfever Diabetes.					
68.	Smokers in the household? Number cigarettes per day for each smoker?					
69.	Pets in the house?					
If mother would like an osteopathic check please ask.						

59.

PAST MEDICATION