

# Ross Clinic of Osteopathy and Complementary Medicine

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[www.rossclinic.co.uk](http://www.rossclinic.co.uk)

[www.herefordosteopaths.co.uk](http://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**

**SIGNED**

**DATE**

**CHILD'S NAME**

**MALE / FEMALE**

**NAME OF PARENT OR GUARDIAN:**

**ADDRESS:**

**Telephone No:** (Home):

(Work):

(Mobile):

(Email):

**Your GP's 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 **0** is no problem at all and **10** is the worst it can possibly be?  
Please place an **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
5. 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:
10. 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



## FEEDING

- 36. Breastfed                      Bottle fed                      Problems
- 37. Colic    Explain
- 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 leg                      Other
- 50. Walking Age
- 51. No babbling
- 52. Little eye contact after 4 months
- 53. Starting saying words age                      Short sentences began age
- 54. Potty trained Day                      Night

## VACCINATIONS

- 55. DPT                      Hib (Meningitis)                      Pertussis (Whooping Cough),  
MMR (Measles, Mumps and Rubella), BCG (Tuberculosis)
- 56. Reactions to vaccinations

57. **ILLNESSES** (including infections and any medication given).

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

59. **PAST MEDICATION**
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.**  
***Thank you.***