ROUGHAN CHIROPRACTIC

NEWBORN + INFANT HISTORY Birth to 23 months

Christchurch 03 365 7828
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www.roughan.co.nz

Child's Name: ____ Known as: ____________________

Date of Birth: _______________________Age: _________ Sex: _______ Blood Type: O / A / B / AB

Address: ____Post Code: ___________

Home Phone: _________________ Mobile:______________________ Parent/Guardian: ____________________

Email Address: ____

Who may we thank for recommending you? ____

HOW CAN WE HELP YOU?

What is the reason for your visit today? ____

Birth History

How long was the labour from the first regular contractions to birth? ____

How long was the 2nd stage (the pushing phase) of the labour? ____

Was the delivery premature? ❑ No ❑ Yes ________weeks Birth weight ____________________Birth length ____________

❑ Hospital Birth	❑ Emergency C Section	❑ Fetal distress
❑ Home Birth	❑ Was the birth induced	❑ Meconium staining
❑ Midwife assisted	❑ Forceps delivery	❑ Head Presentation
❑ Vaginal Delivery	❑ Ventouse extraction	❑ Face Presentation
❑ Planned C Section	❑ Anaesthesia administered	❑ Breech Presentation

Additional Comments: ____

Baby's Condition Immediately After Birth:

Apgar Scores: At 1 min: ___/10 At 5 mins: ___/10 **Intensive Care:** ❑ No ❑ Yes: Days in NICU ______ Home on Day ______

Baby's Crying: Baby cried immediately after birth: ❑ Cried strongly ❑ Weak Cry ❑ Did not cry for ____ minutes

Baby's colour: ❑ Pink all over ❑ Blue face ❑ Blue hands/feet **Baby's activity:** Arms and legs actively moving: ❑ Yes ❑ No

Medication given at birth? ______________________________ Vaccines administered: _________________________________

Complications / Illness during pregnancy: ____

Complications during labour/delivery: ____

Growth & Development:

YES **NO**

❑ ❑ Can your child sit unsupported? At what age did your child start to sit up? __________________________________

❑ ❑ Is your child crawling? At what age did your child start crawling? ____

❑ ❑ Is your child walking? At what age did your child start to walk? ____

❑ ❑ Does your child often trip and fall? ____

❑ ❑ Do you have any concerns about your child's growth and development? ____________________________________

Health History: *Please add additional comments if required*

❑ Antibiotics	❑ Earaches
❑ Asthma	❑ Headaches
❑ Arm Pain	❑ Neck Pain
❑ Back Pain	❑ Leg Pain
❑ Colic	❑ Vaccinations

YES **NO**

❑ ❑ Has your child had any upper respiratory infections? How often? ____

❑ ❑ Has your child had any other illnesses? ____

❑ ❑ Is your child presently receiving any medications? ____

❑ ❑ Has your child ever been to a hospital or emergency room for evaluation or treatment? ________________________

❑ ❑ Do you have any other concerns about your child's health? ____

Nutrition:

YES **NO**

❑ ❑ Is your child being breast fed? If no, how long was he/she breast fed? _______________________________________

❑ ❑ Is your child formula fed? Which formula or other milk source? ____

❑ ❑ Is your child eating solid food? What types of food? ____

❑ ❑ Does your child have any feeding difficulties? ____

❑ ❑ Does your child have any digestive disturbances? ____

❑ ❑ Does your child have any food allergies or intolerances? ____

❑ ❑ Does your child have any persistent or intermittent skin rashes? ____

❑ ❑ Does your child have regular bowel movements? How frequent? ____

Trauma:

YES **NO**

❑ ❑ Has your child had any recent falls or trauma? ____

❑ ❑ Has your child ever fallen down stairs or fallen from any height? ____

❑ ❑ Has your child ever been in a motor vehicle accident or a near-miss? ____

❑ ❑ Has your child had a bone fracture or joint dislocation? ____

❑ ❑ Has your child had any other trauma or injuries? ____

❑ ❑ Does your child ever bang his/her head against a wall, bed, or other object? ___________________________________

I hereby authorise Roughan Chiropractic and its practitioners to administer chiropractic care as they so deem to my son/daughter (upon approval of parent/guardian)

Parent/Guardian's Name: _______________________________Signature: ________________________ Date: __________

Thank you for your cooperation ☺