



INFANT CASE HISTORY BIRTH TO 2 YEARS

DATE _____

NAME _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

PLEASE INDICATE IF PATIENT HAS NOW OR HAS EVER EXPERIENCED ANY OF THE FOLLOWING:

- DIFFICULT DELIVERY
- DIFFICULTY SLEEPING
- PREFERRED SLEEPING POSITION
- FEEDING DIFFICULTIES
- BREAST FED FOR HOW LONG? _____
- ONE-SIDED BREAST FEEDING PREFERENCE LEFT RIGHT
- FORMULA FED
- OTHER FOODS _____
- DIGESTIVE DISTURBANCES _____
- FOOD ALLERGIES _____
- FREQUENT SPIT UP AFTER FEEDING
- SKIN RASHES
- VITAMIN SUPPLEMENTS _____
- FREQUENT CRYING HOW LONG? _____
- INTESTINAL GAS
- PREFERRED HEAD POSITION
- ARCHING BACK OF HEAD AND NECK
- IRRITABLE DURING DIAPER CHANGE
- FEVER
- FALLS (DOWN STAIRS, ETC.)
- CAR ACCIDENT
- BONE FRACTURES OR JOINT DISLOCATION
- OTHER
- TRAUMA _____
- VACCINATION _____

GROWTH AND DEVELOPMENT

Y N CAN YOUR CHILD SIT UNSUPPORTED? STARTED AT WHAT AGE? _____

Y N IS YOUR CHILD CRAWLING? STARTED AT WHAT AGE? _____

Y N IS YOUR CHILD WALKING? STARTED AT WHAT AGE? _____

Y N DO YOU HAVE ANY OTHER CONCERNS ABOUT YOUR CHILD'S GROWTH AND DEVELOPMENT? _____

HEALTH HISTORY

Y N HAS YOUR CHILD HAD COLIC?

Y N HAS YOUR CHILD HAD ANY UPPER RESPIRATORY INFECTIONS?

Y N HAS YOUR CHILD HAD ASTHMA?

Y N DOES YOUR CHILD EVER COMPLAIN OF NECK OR BACK PAIN?

Y N DOES YOUR CHILD EVER COMPLAIN OF PAIN IN THE ARM OR LEGS?

Y N DOES YOUR CHILD EVER COMPLAIN OF HEADACHES?

Y N HAS YOUR CHILD HAD EARACHES? AT WHAT AGE DID THE FIRST EARACHE OCCUR? _____

Y N HOW FREQUENTLY DO THE EARACHES OCCUR? _____

Y N DO THE EARACHES OCCUR IN THE SAME EAR? RIGHT LEFT BOTH

Y N HAS YOUR CHILD EXPERIENCED ANY OTHER ILLNESSES?

Y N IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION?

Y N HAS YOUR CHILD BEEN VACCINATED? _____

Y N DO YOU HAVE ANY OTHER CONCERNS ABOUT YOUR CHILD'S HEALTH?