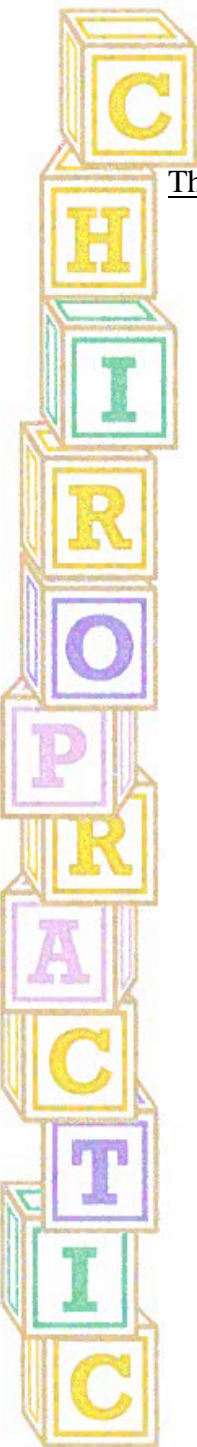


Baker Borski Chiropractic

Newborn and Infant History

(Birth to 2 years old)



Patient's Name _____ Date _____

Sex: M F Date of Birth _____ Age _____

The following questions are designed to help the doctor provide the best possible care for your child.

- How many hours does your baby sleep between feeds? During day ____ At night ____
- YES NO Does your baby go to sleep easily? _____
- YES NO Does your baby have a preferred sleep position? _____
- YES NO Does baby cry if you change his/her sleeping position? _____
- YES NO Does baby have any feeding difficulties? _____
- YES NO Is baby being breast fed? If no, for how long was baby breast fed? ____ Wks/mths
- YES NO Does baby have a one sided breast-feeding preference? Left / Right
- YES NO Is baby formula fed? Which formula or other milk source? _____
- YES NO Does baby frequently spit-up after feeding? _____
- YES NO Does baby cry a lot? For how many hours each day? _____
- YES NO Does baby pass a lot of intestinal gas? _____
- YES NO Does baby have a preferred head position? _____
- YES NO Does baby frequently arch his/her head and neck backwards? _____
- YES NO Does baby cry or become irritable during a diaper change? _____
- YES NO Has baby ever had a fever? _____
- YES NO Has baby had any falls? _____
- YES NO Has baby been in a car accident or near-miss? _____
- YES NO Has baby had any other trauma? _____
- YES NO Has baby ever been vaccinated? _____
- YES NO Do you have any other concerns you wish to discuss? _____

