

Baby's Name _____ Baby's Age _____ Date _____

Person completing the form _____ Relationship to the patient _____

Has your child had any illnesses, hospitalizations, or surgeries since last visit here? (YES) (NO)

Perinatal History:

	Yes	No
Was your baby born on time?	()	()
Were there any problems during your pregnancy?	()	()
Were there any problems or complications during/after delivery?	()	()
Was your baby breech at any point during your pregnancy?	()	()
Did your baby need oxygen or antibiotics?	()	()
Did your baby receive the first hepatitis B shot?	()	()
Did your baby pass a hearing test?	()	()

Nutrition:

	Yes	No
What was your baby's birth weight?		
Weight at hospital discharge, if known?		
Is your baby feeding well?	()	()
Is your baby breastfed? If yes, how often?	()	()
Are you offering anything else to your baby to eat or drink?	()	()
Is your baby formula fed? If yes, what formula?	()	()
If yes, how many ounces per feeding?	()	()
If yes, how often?	()	()

Family and Social History:

	Yes	No
Are there any major illnesses in the family?	()	()
Who lives in the home with you?		
Do you feel that you have enough support from friends/family/each other?	()	()
Are you having a hard time adjusting to your new situation?	()	()

Preventative Health/Risk Factors:

	Yes	No
Does your child sleep only on his/her back?	()	()
Do you have a crib or bassinet for your baby?	()	()
Does your child always ride in a car seat, in the back seat, facing backwards?	()	()
Do you, anyone who cares for your child, or anyone in your home smoke?	()	()
Are there smoke detectors and fire extinguishers in your home, and are they checked yearly?	()	()
Do you have a thermometer?	()	()

Behavioral/Mental Health:

How would you describe your child's temperament?		
	Yes	No
Do you have any concerns about how your child is learning, developing and behaving?	()	()
Are you interested in enrolling your child in daycare?	()	()
If yes, do you need assistance finding a daycare?	()	()

Developmental Surveillance:

	Yes	No
Communicative		
Turns and calms to your voice?	()	()
Cognitive		
Follows your face with his/her eyes?	()	()
Physical Development		
Lifts head when on tummy?	()	()