

FIVE POINTS CHIROPRACTIC WELLNESS CENTER

Newborn History: Birth to 2 Months

Today's Date: _____

Patient's Name Sex: F M Date of Birth

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

How many hours does your baby sleep between feed? During day At night

YES NO

Does your baby go to sleep easily?

Does your baby have a preferred sleeping position? If yes

Does your baby cry if you change this sleeping position?

Does your baby have any feeding difficulties?

Is your baby being breast fed?

If no, for how long was baby breast fed weeks months

Does your baby have a one sided breast- feeding preference? Preferred breast: Left Right

Is your baby formula fed?

Which formula or other milk source?

Does your baby frequently spit-up after feeding?

Does your baby cry a lot?

For how many hours each day?

Does your baby pass a lot of intestinal gas?

Does your baby have a preferred head position? If yes

Does your baby frequently arch his/her head and neck backwards?

Does your baby cry or become irritable during a diaper change?

Has your baby ever had a fever?

Has your baby ever had any falls?

Has your baby been in a car accident or near- miss?

Has your baby had any other trauma?

Has your baby been vaccinated?

Do you have any other concerns you wish to discuss?