

Medical History of Mother and Baby

Dear parents,

below you will find questions regarding your child that can help us to gather useful and necessary information prior to our examination / treatment. In those cases where the questions do not apply simply skip them. If you have any problems with answering any question feel free to highlight it and - when coming for the appointment - we can discuss matters easily.

Thank you in advance!

• Family History

- Problems with the spine (i.e. Scoliosis, Malformation, Pelvic tilt, lower back pain, etc.) Y / N
- Head ache / Back of neck pain Y / N
- Patient's siblings treated for asymmetry / spine related problems Y / N

If YES > who suffers/-ed from these conditions? Who was consulted for these?

• Pregnancy & Birth

- Number of pregnancies __ Number / age of siblings ____
- Pregnancy duration __ weeks; birth weight __ g; height __ cm
- intrauterine malposition of the baby (if YES:which?) Y / N
- twins Y / N
- 'normal' vaginal delivery Y / N
 (if NO: what happened?)

- Duration of labour _____
- Caesarian section (primary/planned) or secondary (why?) Y / N
- fundal pressure used by midwives / doctors Y / N
- forceps / vacuum used by obstetrician team Y / N
- mother suffered from vaginal injuries Y / N
- baby had to be taken to ICU / other after birth Y / N
- Further remarks:

• Baby's issues

- **General**
 - Medication Y / N
 - (chronic) illness Y / N
 - (longterm) antibiotic treatment Y / N
 - allergies Y / N
 - operations / hospital admissions Y / N
 if YES: what / what for?

- **Sleeping problems** Y / N
 - if YES: finds it hard to go to sleep / wakes up at night (how often?)
 - sleeps in fixed position / other
 - snoring Y / N
 - sleeps always with mouth open Y / N

- **Feeding problems** Y / N
 if YES: why? / what problems?
- Breast feeding Y / N
 Any problems with one side?Which? Y / N
 Spitting / vomiting after feeding Y / N
 Colics? Abdominal pain? Bad smelling flatus? Y / N
- **Mood**
 sustained crying? Y / N
 if YES: ___ hrs / day
 other remarks RE crying pattern:
- baby is irritable / not easy to settle Y / N
 baby (often/too often) seems to be unhappy Y / N
 remarks:
- has to be carried around constantly Y / N
 tense general muscular tone Y / N
 clenched fists Y / N
 overstretching backwards often Y / N
 remarks:
 sensitive at back of neck Y / N
 remarks:
- **Motor / General development / Asymmetry**
 'normal' motor / postural development Y / N
 if NO: what is not normal?
- likes being prone Y / N
 has asymmetry Y / N
 if YES: skull / face / spine / limb(s) / other
 which side?
 rotates head only to one side: which? Y / N
 has head tilted sideways (one ear nearer to shoulder:which?) Y / N
 uses arms / legs asymmetrically Y / N
 asymmetry recognized by whom? When?
 Remarks:
- **Treatment prior to seeing us:**
- Osteopathy Y / N
 if YES: how often? The last treatment was how long ago?
 Physiotherapy Y / N
 if YES: how often? The last treatment was how long ago?
 Manual Medicine Y / N
 if YES: how often? The last treatment was how long ago?
 Other Y / N
- How helpful were these therapies?

Any extra remarks that could be of interest:

THANK YOU!!!!