

BIRTH HISTORY FORM

The information on this form will be kept in confidence of the practitioner to whom you are consulting. It is suggested that the primary caregivers fill in the form together (if this is appropriate and possible). Please use extra paper as needed.

Family Address:

Telephone No. and Email:

Mother's Name and DOB:

Father/Partner/Other Primary Caregiver's Names and DOB:

Child's Name and DOB:

Siblings' Name and DOB:

Parents: Living Together Living Separately

Reasons for consulting. Primary concerns of parents. Intention in coming for sessions.

Presenting symptoms or behaviour of baby or child.

Sleep patterns, feeding or other areas of concern.

How long have characteristics been presenting?

Description of child's birth, including duration, location, medication, labour interventions, assisted birth i.e. induction, ventouse, forceps, C-section.

Birth weight:

Episiotomy:

Premature cutting of umbilical cord (before it stopped pulsating):

Is/was baby breastfed?

Description of Mother's birth (if known).

Description of Father/Partner/Other Primary Caregiver's birth (if known).

Has either parent lost a child (including miscarriage) prior to this child?

Has baby/child been vaccinated? If so, how did she/he respond?

Have any medical investigations been undertaken?

Conception:

Was your baby planned? Was there any Reproductive Assisted Technology employed? How long did it take to become pregnant?

Attitude towards news of the pregnancy?

Pregnancy:

Mother's health, diet, emotional well being and exercise during pregnancy.

Father/Partner/Other Primary Caregiver's health, emotional well being and attitude towards developing baby and support of Mother.

Did/does either parent smoke, use drugs or take alcohol?

Describe any stresses during the pregnancy i.e. illness, accidents, financial worry, family problems, absence, bereavement.

What/who are the significant support resources to the family?

Thank You for taking the time to complete this history of your child's birth and possible needs. The information is very beneficial for informing the practitioner prior to our first consultation.

Please send to: Sarah Hill 127 West 79th Street Suite #1 NYC 10024