Cornerstone Family Practice Birth –12 months Health History Form

Name:____
Date Today:____________________ Birth Date:________________________
Age Today: ____________________

Birth Weight______________________ APGAR Scores ? 1min_____ 5min._______
Full Term Baby?____
Born by Normal Vaginal Delivery ___ Cesarean Section_______________________
Any Problems with pregnancy or delivery?________________________________

Who are the primary caregivers?______________________________________
Siblings in household and ages?______________________________________
Are siblings helpful or feeling jealous of the baby?__________________________
Who cares for the baby during the day?__________________________________

Nutrition: Breast feeding____ Bottle Feeding___ Formula Type?_________________
Is Baby eating Rice Cereal?_______ Baby Foods?____________________________
Table foods?____
Any Feeding Difficulties?____
How many feedings per day?____
How many ounces of formula or minutes spent on each breast per feeding?___________

Sleeping: How many times is baby awakening at night?________________________
Where does the baby sleep?____
How many hours at a time will the baby sleep for?___________________________
What position does the baby sleep in?____________________________________

Crying: How would you classify the amount of crying your baby does?
Minimal___ Average___ Excessive___
What comforting techniques do you use?___________________________________

Elimination: How many stools does baby have a day?_________________________
How many times does baby urinate (wet diapers) a day?_______________________

Safety: Car seat use Always___ Sometimes___
Smoke Detectors in your home? Yes___ No___
Is Baby exposed to passive cigarette smoke?________________________________
Is your house "baby proofed"?____

Medical History: Does your baby have any medical problems? Please describe.________
____
Immunizations: Any reactions to immunizations?____________________________
Allergies: Does your baby have any allergies that you know of?_________________

Concerns today?____