

BABIES' QUESTIONNAIRE

For new born babies
and
small children up to 3-4 years old



Before you bring your child to see us it would be most helpful if you would complete the following questionnaire and bring it with you to your first appointment. This will enable us to make the best use of the time available, as well as enabling us to avoid subjects that you may not wish discussed in front of your child.

The information which you provide in this form, and any other relevant information obtained during the course of treatment is on a strictly confidential basis.

This information will be used solely for the purposes of providing osteopathic and/or any related treatment. We will not disclose any personal information we hold about you outside the practice without your explicit consent, except to the extent we are required or permitted by law.

CHILD'S NAME

MALE/FEMALE

DATE OF BIRTH

AGE NOW

BIRTH WEIGHT

WEIGHT NOW

NAMES AND AGES OF SIBLING/S

NAME OF PARENT/GUARDIAN

ADDRESS

TEL NO (Home)

PARENT'S (Work)

If you would like to receive information about the practice, please give your email address below:

GP's NAME

ADDRESS

TEL NO

HOW DID YOU FIND OUT ABOUT US / WHO RECCOMENDED YOU ?

IS THERE ANY SPECIAL REASON WHY YOU ARE BRINGING YOUR CHILD/BABY?

PREGNANCY & BIRTH

QUESTIONS ABOUT THE MOTHER

WHAT WAS YOUR AGE DURING THIS PREGNANCY

DID YOU HAVE ANY PROBLEMS

DID YOU TAKE ANY MEDICATION

WHAT TESTS DID YOU HAVE (Eg Ultrasound, amniocentesis etc.)

DELIVERY

WAS YOUR BABY BORN ON THE DUE DATE

WAS THE DELIVERY AS YOU HAD HOPED

WHEN DID THE CONTRACTIONS START

WHEN DID THE WATERS BREAK

WHEN WAS THE BABY BORN

DESCRIBE BRIEFLY IN YOUR OWN WORDS THE DELIVERY AND BIRTH

(Include anything you think is significant or important, please include details of any pain relief, forceps/vacuum pump etc)

AFTER THE DELIVERY

WAS THE BABY INTUBATED

HOW LONG WAS IT BEFORE THE BABY WAS GIVEN TO YOU

APGAR SCORE (If known) 1 minute 5 minutes

WITHIN THE FIRST 30 MINS DID THE BABY CRY/SUCKLE

DID YOU NOTICE ANYTHING PARTICULAR ABOUT THE BABY'S HEAD

DID THE HEAD CHANGE A LOT DURING THE FIRST 24 HOURS

IS THERE ANYTHING ELSE THAT YOU THINK IS IMPORTANT ABOUT THIS TIME

FEEDING

BREAST OR BOTTLE

IF BOTTLE, WHICH FORMULAS HAVE YOU TRIED. HAVE YOU TRIED DAIRY FREE

ANY DIFFICULTIES WITH FEEDING

WEIGHT GAIN

WHEN WERE SOLIDS INTRODUCED

WHAT DID THE BABY EAT (Likes/dislikes)

WAS/IS THERE ANY PROBLEMS WITH THEIR BOWELS

SLEEPING

ANY PROBLEMS SLEEPING

MEDICAL HISTORY

VACCINATIONS (Delete as applicable)

DIPHTHERIA/POLIO/TETANUS/HIB (meningitis)/WHOOPIING COUGH/MMR

ANY PROBLEMS FOLLOWING VACCINATIONS

ALLERGIES.

ILLNESSES (Including medication if you know it)

HOSPITAL ADMISSIONS (Casualty/tests/treatments/operations)

MEDICATION (What drugs or medication is your child taking now)

ACCIDENTS

DENTAL HISTORY (Any problems with treatment/orthodontics?)

HAS THE CHILD SEEN A CHIROPODIST (Were orthotics prescribed?)

FAMILY HISTORY

PARENTS (Any history of illness/allergy/flat feet/knee, hip or spinal deformity or back pain)

BROTHERS AND SISTERS (Birth weights/any health problems/similarities or differences to the patient)

FAMILY GENERAL HEALTH (Parents/grandparents/aunts & uncles)

The Data Protection Act ("the Act") lays down certain requirements for protection against unauthorised disclosure of personal information. The Act also gives you certain rights. In order that we may use the personal information for the purposes of providing osteopathic and/or any relevant treatment, we are required by the act to obtain your written consent.

Accordingly, we would be obliged if you would sign the consent section below.

I CONSENT TO THE USE OF MY CHILD'S PERSONAL INFORMATION FOR THE PURPOSES SET OUT ABOVE.

I CONFIRM THAT THE INFORMATION I HAVE PROVIDED IN THIS FORM, AND DURING THE COURSE OF MY CHILD'S TREATMENT IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

Signature of Parent or Guardian.

Date.

DO YOU HAVE ANY OBJECTION TO YOUR DOCTOR BEING INFORMED THAT YOUR CHILD IS RECEIVING OSTEOPATHIC TREATMENT. YES/NO.

Thank you.

Before you embark upon a course of treatment with us, we need to inform you of any possible adverse side effects you might sustain from your treatment here.

Whilst such adverse effects are rare, we nevertheless need to request that you sign this document to indicate that you have been duly informed of any possible side effects of the therapies you may receive at this practice.

We have included all the therapies you can receive within this document to reduce repetition and avoid multiple consent forms.

You can give consent for just one therapy or for multiple therapies if you wish.

Parents or guardians of babies/children having Cranial Osteopathy need only read the Cranial Osteopathy section, tick the Cranial Osteopathy box and delete the others.

Whilst every attempt is made to ensure your comfort and safety, certain specific techniques may be uncomfortable and may, in some individuals, cause temporary adverse reactions.

Osteopathy

Consists of a combination of massage and manual manipulation to relieve a variety of musculo-skeletal problems.

- In patients who bruise easily (or who are currently taking medication such as steroids or Warfarin), certain massage techniques may leave some temporary bruising.
- After the first consultation, which will include a detailed physical examination, a few patients might feel an increase in symptoms due to the unaccustomed movements and actions needed to examine the spine or limb. This can last 24-48 hours and should settle with time.
- Some patients who have low blood pressure or circulation problems might experience light-headedness following a treatment; this is temporary and should settle within a few minutes/hours.
- It is not uncommon for patients to report feelings of tiredness after a treatment. We therefore advise that you avoid driving long distances or operating machinery if this occurs.
- Following some manipulations, particularly if the problem is well established or very acute, there might be a local reaction to treatment. This may last 24-48 hours, but if it does last longer, please contact the practice.

Medical Acupuncture

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body to reduce pain and muscle spasm.

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments.

- Drowsiness can occur after treatment in a small number of patients and, if affected, you are advised not to drive.
- Minor bleeding or bruising can occur after acupuncture (in about 3% of treatments).
- Pain during treatment can occur (in about 1% of treatments).
- Existing symptoms can get worse after treatment (in less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign.
- Fainting can occur in certain patients, particularly at the first treatment.

Single-use, sterile, disposable needles are always used in this practice.

If you are a blood donor you will need a certificate from the practice to present at your next donor session.

Cranial Osteopathy

Cranial Osteopathy is a gentle balancing technique that is commonly used on infants and small children. Because of its gentle nature, there are very few side effects with Cranial Osteopathy

- Some babies may become either, sleepy or excited after a cranial treatment. This can last from a few hours up to a day.

Electrotherapy

Low-Level Laser Therapy (LLLT)

Low Level Laser Therapy (LLLT) reduces pain and inflammation whilst promoting repair. It can treat conditions such as osteoarthritis, sprains and strains, sports injuries, shingles, neuralgias, wounds and leg ulcers, back and neck pain.

LLLT can be safely used over metal pins, plates and in patients with pacemakers.

It cannot be used directly over a pregnant uterus, although it can safely be used over other areas of the body in a pregnant mother.

- There are normally no adverse effects from LLLT, however, occasionally, mild aching can occur after treatment. This is due to a stimulation of the local inflammation/healing process and should settle down after 24 – 48 hours.

Ultrasound

Uses ultra high frequencies of sound waves to 'micro-vibrate' soft tissues, to relax them and encourage healing. In some ways it can be thought of as a stronger version of the ultrasound machines that scan a pregnant uterus.

Ultrasound cannot be used over metal pins, plates, directly over a pacemaker or a pregnant uterus, although it can be used on other parts of the body in these cases.

- There have been some minor cases of physical pain due to "cavitation." Described as a burning feeling, cavitation is caused by the heating of the gas contained in tissue cell nuclei. This can result, temporarily, in difficulty breathing, dizziness, nausea and disorientation – although incidents of this nature are extremely rare.

Interferential

Uses electrical frequencies to stimulate peripheral nerves to either reduce pain and swelling, or stimulate blood supply and muscle contraction. It works in a similar way to a TENS machine.

It cannot be used on patients with pacemakers or over a pregnant uterus.

- There are very few known side effects with interferential, although the vacuum cups that hold the pads in place may cause superficial bruising in patients who are on blood thinning medication or steroids.
- There have been some reported cases of 'neuralgia-type' pains being temporarily worsened by interferential.

I have read the above and understand that, occasionally, there may be some unavoidable and temporary side effects resulting from my (my baby's/child's) treatment at The Osteopathic Practice. I understand that signing this form does not affect my statutory rights.

I consent to the following treatments. Please tick the therapies to which you consent.
(If you are unsure which therapies to tick, please leave the box blank and discuss this with your Osteopath.)

Osteopathy

Cranial Osteopathy

(If your baby/child is having Cranial Osteopathy, please delete the other therapies.)

Medical Acupuncture

Electrotherapy

Signed _____

Date _____

(If the patient is a child, the parent or legal guardian must sign)