Babies' Questionnaire

For new born babies and children up to 4 years of age

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	
BIRTH WEIGHT	
AGE NOW	
BIRTH WEIGHT	
WEIGHT NOW	

NAME OF PARENT/GUARDIAN	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	If you are happy to receive information about the practice, please give your email address above.

GP's NAME	
ADDRESS	
TELEPHONE NUMBER	

HOW DID YOU FIND OUT ABOUT US?	

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

MOTHER

WHAT WAS YOUR AGE DURING THIS PREGNANCY?	
DID YOU HAVE ANY PROBLEMS?	
DID YOU TAKE ANY MEDICATION?	
DID YOU TAKE/ARE YOU STILL TAKING VITAMIN D?	
WHAT TESTS DID YOU HAVE? Ultrasound, amniocentesis, etc.	
WAS THE BABY IN A NORMAL POSITION DURING THE PREGNANCY?	
WAS THE BABY ENGAGED IN THE PELVIS?	
IF YES, TO WHAT EXTENT 1/5 → 5/5	

DELIVERY

WAS YOUR BABY BORN ON THE DUE DATE?	
WAS THE DELIVERY AS YOU HOPED?	
WHEN DID THE CONTRACTIONS START?	
WHEN DID THE WATERS BREAK?	
WHEN WAS THE BABY BORN?	
DESCRIBE IN YOUR OWN WORDS THE DELIVERY AND BIRTH Include details of 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 1 MINUTE	
APGAR SCORE 5 MINUTES	
DID THE BABY CRY OR SUCKLE WITHIN THE FIRST 30 MINUTES?	
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 PROBLEM WITH THEIR BOWELS?	

SLEEPING	
ANY PROBLEMS SLEEPING?	

MEDICAL HISTORY

VACCINATIONS **Mark those applicable**	Diphtheria Polio Tetanus HIB (meningitis) Whooping cough MMR
ANY PROBLEMS FOLLOWING VACCINATIONS?	
ALLERGIES	
ILLNESSES **(Including medication if you know it)**	
HOSPITAL ADMISSIONS **Casualty/tests/treatments/ operations**	
MEDICATION	
ACCIDENTS	
DENTAL HISTORY	
HAS THE CHILD SEEN A CHIROPODIST?	

FAMILY HISTORY

PARENTS **Any history of illness/allergy Flat feet/knee, hip or spinal deformity**	
BROTHERS & SISTERS **Birth weights/any health problems/similarities or differences to the patient**	
FAMILY GENERAL HEALTH **Parents/grandparents/aunts Uncles/cousins**	

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.**

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.

I have read the above and understand that, occasionally, there may be some unavoidable and temporary side effects resulting from 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 my child having Cranial Osteopathy

Signed ______________________ Date ____________
(If the patient is a child, the parent or legal guardian must sign)

Thank you