

Birth History of Index Patient

INDEX PATIENT \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Was baby born on time, early, or late? \_\_\_\_\_

Any stimulation of labor? Yes\_\_ No\_\_ Type? \_\_\_\_\_

Length of labor? \_\_\_\_\_

Any anesthetic used? Yes \_\_ No \_\_ What kind? \_\_\_\_\_

Type of Delivery: Vaginal \_\_\_\_\_ Caesarean Section \_\_\_\_\_ Other \_\_\_\_\_  
 Forceps \_\_\_\_\_ Suction \_\_\_\_\_ Fast \_\_\_\_\_ Delayed \_\_\_\_\_

Presentation: Head First \_\_\_\_\_ Breech (feet first) \_\_\_\_\_ Other \_\_\_\_\_

Single birth \_\_\_\_\_ Twins \_\_\_\_\_ (if twins, 1<sup>st</sup> or 2<sup>nd</sup> born)? \_\_\_\_\_ Other \_\_\_\_\_

Any complications during or after delivery? \_\_\_\_\_

INFANT'S CONDITION: Breathed immediately \_\_\_\_\_ Cried immediately \_\_\_\_\_ Required oxygen? \_\_\_\_\_

Birth weight: \_\_\_\_\_ Birth length \_\_\_\_\_ Head circumference \_\_\_\_\_ Apgars: 1 min. \_\_\_\_\_ 5 min \_\_\_\_\_

Any problems during 1<sup>st</sup> week (jaundice, respiratory distress, seizures, feeding difficulties, etc.?) \_\_\_\_\_

Any special tests, x-rays, or chromosome studies done? If so, please specify. \_\_\_\_\_

Any malformations noted at birth? If so, please specify. \_\_\_\_\_

Mother's length of hospitalization \_\_\_\_\_ Baby's length of hospitalization \_\_\_\_\_

Where would records of child's birth and infancy be obtained if necessary? \_\_\_\_\_

Names of other specialist your child has seen \_\_\_\_\_

**DEVELOPMENTAL MILESTONES & EDUCATIONAL STATUS**

	Early	Average	Late		Early	Average	Late
Held head up				Walked without support			
Smiled responsively				Talked (words)			
Sat without support				Talked (sentences)			
Crawled				Potty trained			

Attending school? \_\_\_\_\_ Current grade level \_\_\_\_\_ In regular classes? \_\_\_\_\_ In special education? \_\_\_\_\_

Most recent school grades: Average \_\_\_\_\_ Below Average \_\_\_\_\_ Above Average \_\_\_\_\_

Name and address of School: \_\_\_\_\_