



1720 Dolphin Drive, Unit B
Waukesha, Wisconsin 53186

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INFANT CONFIDENTIAL CASE HISTORY

Child's Name: _____ Birth Date: _____ Today's Date _____
Person(s) completing this form: _____ Phone #: _____
Address: _____
Pediatrician: _____

How was your child referred to our clinic? _____
Current diagnosis: _____
How can we best help your child and your family? _____

Siblings and ages: _____

Pregnancy history of mother (stress, nutrition, medical needs, etc.) _____

Significant birth history:
Labor medications: _____
Length of labor: _____ hours Type of delivery (vaginal / caesarian): _____
Forceps / vacuum delivery? _____ APGAR Scores: _____
If premature, indicate number of weeks: _____

Problems during/after birth (i.e. stuck in pelvis, oxygen required, etc.) _____

Significant medical history (check and explain if appropriate):

- | | | |
|--|---|--|
| <input type="checkbox"/> twisted/bent neck | <input type="checkbox"/> irritability | <input type="checkbox"/> received vaccine(s) |
| <input type="checkbox"/> frequent spit-up after meal | <input type="checkbox"/> difficulty soothing | (Please list vaccines received |
| <input type="checkbox"/> sour spit-up | <input type="checkbox"/> extra time needed for soothing | in "Notes" section below.) |
| <input type="checkbox"/> colic | <input type="checkbox"/> excessive grunting with BM | <input type="checkbox"/> vaccine reaction |
| <input type="checkbox"/> constipation | <input type="checkbox"/> discomfort with BM | <input type="checkbox"/> vaccine injury |

Additional notes: _____

Breastfeeding checklist:

- suboptimal quality of latch
 - clicking jaw
 - problems with tongue coordination
 - favors one side
-

Tongue-tie checklist:

- painful nipples
 - clenching jaw
 - munching suckle pattern
 - high palate
 - milk loss
 - frequent feeds
 - gassy
-

Describe your child's infancy: _____

How well did your child nurse? _____

Any other medical or health concerns: _____

Parent/Guardian signature: _____ Date: _____