

ANCIENT CITY ACUPUNCTURE & HERBAL MEDICINE

Birth, Infancy & Childhood History

Please provide as much information as you have available. Talk to family members to fill in the gaps. Much of this information is usually available as family anecdotes. For each question, check "Yes, No or Unsure", and in addition report as much detail as you can.

NAME: _____ Gender: _____ AGE: _____ Date: __/__/__

A. PRIOR TO PREGNANCY:

- 1) Did your father or mother drink excessive amounts of alcohol during the three months prior to or during conception? Mother _____ Father _____ If yes, please describe.
- 2) Age of mother at conception? _____ Father? _____
- 3) Did either of your parents have a venereal disease prior to or during pregnancy? Yes ___ No ___ Unsure ___ If yes, please describe.
- 4) Did your mother have a prior history of miscarriages? Yes ___ No ___ Unsure ___ If Yes, please describe.
- 5) Was your mother exposed to toxins around the time of conception? Yes ___ No ___ Unsure ___ if yes please describe.

B. DURING THE PREGNANCY:

- 1) Did your mother have any illnesses that you know of during pregnancy? Yes ___ No ___ Unsure ___ If yes, please describe.
- 2) Did she have adequate nutrition? Yes ___ No ___ Unsure ___
- 3) Did she experience any emotional shocks or stress?(loss of job, marriage, death of someone close, ect) yes ___ no ___ unsure ___ if yes please describe.
- 4) Was she on any medicine besides vitamins or mineral supplements? List those known.
- 5) During pregnancy did she use alcohol ___ nicotine ___ other chemicals _____
- 6) Did she spend significant time in the presence of a smoker? Yes ___ no ___ unsure ___
- 7) Describe any other conditions or habits that might have affected the pregnancy.

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C) DELIVERY

1. Was the Baby early? _____ Late _____ on time? If so, how early/late? _____
2. Nature of birth? Vaginal _____ Cesarean _____
3. Was labor of natural onset? _____ or induced _____ unsure _____ if induced, what method? _____
4. How long from first contraction to delivery? If unknown, describe, i.e. long, short, very fast, ect _____
5. Was the birth traumatic to you or your mother? _____
6. Was your mother medicated during delivery? Yes _____ No _____ Describe _____
7. Describe any unusual circumstances surrounding your birth. (e.g. Breech, cord around neck, placenta Previa) _____
8. Birth weight _____ length _____ APGAR Score _____
9. Were you or your mother kept in the hospital beyond the usual post-delivery period? Yes _____ no _____ if yes, then why? _____
10. Incubator: were you placed in an incubator after birth? Yes _____ no _____ if yes, how long? _____

D) YOUR INFANCY:

1. What was the general state of health at birth and during your first few months of life? Good _____ Fair _____ Poor _____ describe problems: _____
2. Nutrition:
3. Were you breastfed? _____ Bottle? _____ Combination _____
If breastfed, for how long? _____
4. Were there any emotional traumas in your infancy, either to you or to other members of your close family? Yes _____ No _____ Unsure _____ if yes, describe them.

5. Sleep patterns
6. Colic?
7. Other illnesses or hospitalizations?

E) CHILDHOOD:

1. Did you have any recurring health problems in childhood, any major illnesses other than the usual childhood illnesses? Yes _____ no _____ unsure _____ if yes, give details: _____

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Earaches _____ Colds and sore throats _____ digestive problems _____
musculoskeletal problems _____ development problems _____ other _____ (describe)

2. Did you experience any physical trauma or physical, emotional or sexual abuse in childhood? Physical _____ emotional _____ sexual _____ if so, describe: Age _____
3. Were you able to engage in normal physical activities commensurate with your age? Yes _____ no _____ if yes give details _____
4. Did you have any learning disabilities during childhood? Yes _____ no _____ unsure _____ If yes please give details _____
5. Describe your relationship with other children:

F) FAMILY HISTORY

1. How many brothers and sisters do you have?
2. What is your position among them? Oldest _____ youngest _____ other _____
3. List the number of years between your brothers and sisters.
4. Illnesses among family members

G) GENERAL COMMENTS

If you have any general comments or additional information, please use this space:

I certify that the above information is true and correct to the best of my knowledge.

Signature

___/___/___
Date