WASHINGTON PARK
CHIROPRACTIC
heal thrive evolve

Name _____ Age _____

Newborn History- Birth to 2 months

How many hours does your baby sleep between feedings? During the day_____ Night_____

Does baby

Yes No

❒ ❒ Fall asleep easily?_____

❒ ❒ Have a preferred sleeping position?_____

❒ ❒ Cry if you change this sleeping position?_____

❒ ❒ Sleep in a crib? If no, please choose: co-sleep, bassinet, swing, other:_____

❒ ❒ Have any feeding difficulties?_____

❒ ❒ Breast feed? Currently _____ or How Long ? _____ weeks/months
If no, which formula is used? _____

❒ ❒ Have a one-sided breast-feeding preference? Preferred breast: Left / Right

❒ ❒ Frequently spit-up after feeding? _____

❒ ❒ Cry excessively? For how many hours per day? _____

❒ ❒ Pass a lot of intestinal gas?_____

❒ ❒ Have a preferred head position?_____

❒ ❒ Frequently arch his/her head, neck, or body backwards?_____

❒ ❒ Cry or become irritable during a diaper change? _____

Has baby

Yes No

❒ ❒ Ever had a fever?_____

❒ ❒ Had any falls? _____

❒ ❒ Had any rashes, bruises, skin problems?_____

❒ ❒ Has baby been in a car accident, or near miss?_____

❒ ❒ Has baby had any other trauma? _____

❒ ❒ Has your baby been vaccinated? If yes, choose: Regular schedule / Delayed schedule

Do you have any other concerns you wish to discuss? _____

Dr. Lisa Goodman, DC, CCSP, CACCP Dr. Cynthia Mangla, DC, CCSP Dr. Chad London, DC
1313 S. Clarkson St. Unit 1, Denver, Colorado 80210 phone: 303-744-7100 fax: 303-744-7109 washparkchiro.com