

1st Visit History: NEWBORN TO 1 YEAR

Osteopathic Manual Medicine (OMM)

Patient NAME:

Please CIRCLE which concern you have for your baby:

Plagiocephaly/head shape concerns: Which part of your child's head are you concerned about?

Torticollis/head turning/neck turning: Which direction does your child prefer to look?

- | | | | |
|--|-------------------------------------|-----------------------|-----------------|
| Tongue tie concerns | Lip tie concerns | Mouth tension | |
| Breastfeeding difficulties | Bottle feeding difficulties | Pacifier difficulties | |
| Body tension | Neck Tension | Arm/hand tension | Leg/Hip tension |
| Gassiness | Colic | Fussiness | Constipation |
| Sleeping concerns | Eye watering/discharge (which eye?) | | |
| Reflux (spitting up, back arching, or discomfort when feeding) | | | |

Milestones Concerns: tummy time, rolling, grabbing toes, sitting up, crawling, standing, taking steps

Other concerns:

Feeding: Please circle if your child is:

Breastfeeding:	-Any difficulty with breastfeeding? -Difficulty with a particular side? -Nipple shield needed? -Any medications mommy is taking? -Any herbal/lactation supplements for lactation?
Expressed/ Pumped breastmilk	-Difficulty taking a bottle? -Which bottle/nipple are they using?
Formula feeding:	-Difficulty taking a bottle? -Which bottle/nipple are they using?
Solid foods:	-What kinds of foods? -Difficulty with solid foods?

Milestones:

How many minutes is tummy time?

Is your child: -Rolling front to back -Rolling back to front -Sitting upright (with or without support?)
 -Grabbing toes -Pulling to stand -Crawling -Standing -Taking steps

Birth History:

How old was the baby when they were born? Weeks/Days: _____

How much did they weigh? Pounds/Ounces: _____

What were their APGARS? (if you remember) _____

Was baby born via: VAGINAL DELIVERY (spontaneous, induced?) CESAREAN DELIVERY (planned, emergency?)

How did the delivery go for mommy and for the baby? (For example, how many hours was labor?)

Were the forceps or vacuum needed to help with delivery?

Did the baby have any bruising on their head or face when they were born?

Was the umbilical cord wrapped around part of their body?

Was the baby ever breech during the pregnancy?

Did the baby lie in a transverse (sideways) position during the pregnancy?

Did the baby receive their vitamin K SHOT ?	YES, shot received
	NO, they have not received the shot: -Has the baby ever had any bruising? -Any bleeding issues? -Bleeding concerns after a procedure like tongue tie/lip tie, or circumcision?

NICU History:

-Did your baby have a stay in the NICU?

-Why?

-For how long?

-Were they intubated (on breathing machine)?

-Did they have an IV, and where?

-Did they have an NG feeding tube, and which side of the nose?

-Were they swaddled tightly? Or were their arms/hands taped to a board?

-Did PT/OT see the baby while in the NICU?

-If you are willing to share: I would like look at pictures of when they were in the NICU. Understanding the baby’s specific positioning and how cords/tubes/wires were arranged can help me with treatment positioning as well.

Baby's Medications/Vitamins:

Baby's Allergies/Sensitivities:

Surgical History: Has your baby had any of the following procedures, and approximately how long ago?

- Tongue Tie procedure (clipping, or laser?)
- Upper Lip Tie procedure (clipping, or laser?)
- Other surgeries:

Therapists:

Are you seeing any of the following?

- Lactation
- Feeding therapy (FT)
- Physical therapy (PT)
- Occupational therapy (OT)
- AZEIP
- Chiropractic
- Speech therapy (ST)
- Others:

Specialists:

-Are you seeing any of the following? For what reason?

- Cardiology
- Allergy
- Neurology
- Genetics specialist
- Others:
- GI (gastroenterology)
- Ophthalmology
- Endocrinology
- Developmental specialist
- Pulmonology
- Surgery
- Urology
- NICU follow up
- ENT (ear, nose, throat)
- Neurosurgery
- Dermatology

Additional:

Has your baby had any studies/imaging/labwork done?

- Ultrasounds
- Xrays
- CT scan
- MRI
- Swallow study
- Scope (camera study)
- Labs (bloodwork)
- Other studies:

Baby Gear:

Do you use any of the following, and if so, which brand?

- swaddles/sleeping sacks
- bouncers
- baby carriers
- sit-up chairs
- pacifiers

Family History:

Has anyone in the family ever needed a:

- cranial helmet/cranial band for head shape concerns?
- surgery to correct eye muscle (strabismus) concerns?

How did you learn about OMM?

- Family/Friends recommended
- Poster seen in patient room
- Agave Pediatrics Website
- My provider referred me (if so, who?)
- Social media posting (Facebook/Instagram)