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BIRTH, INFANCY & CHILDHOOD HISTORY

Please provide as much information as you have available. Talk to family members to fill in 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: _____ Sex: _____ Gender: _____ Age: _____ Date: ___/___/___

A. PRIOR TO PREGNANCY:

1. Did your father drink excessive amounts of alcohol during the three-month period prior to or during conception? Yes___ No___ Unsure ___ If yes, please describe.
2. Did your mother drink excessive amounts of alcohol during the three -month period prior to or during conception? Yes___ No___ Unsure ___ If yes, please describe.
3. Age of mother at conception? _____ Father? _____
5. Did either of your parents have a venereal disease prior to or during pregnancy? Yes___ No___ Unsure ___ If yes, please describe.
6. Did your mother have a prior history of miscarriages? Yes___ No___ Unsure ___
If yes, please describe.
7. Was your mother exposed to toxins around the time of conception? Yes___ No___ Unsure ___ If yes, please describe.

B. DURING YOUR MOTHER'S 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 stresses? (e.g. or example, death of someone close, loss of job, breakup of marriage.) If yes, describe. Yes___ No___ Unsure ___
4. Was she on any medications other than vitamins and 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.

C. DELIVERY:

1. Was birth Early ___ Late ___ On Time ___ Unsure ___ If so, how early/late? _____
2. Nature of birth: Vaginal ___ Cesarean ___
3. Was labor of natural onset ___ or induced ___ Unsure ___ If induced, by what method? _____
4. How long a time elapsed between first contraction and delivery? If actual time is unknown, descriptive words such as very fast or very long will do.
5. Was the birth traumatic to you and/or your mother? (e.g. high forceps)
Yes ___ No ___ Unsure ___ If yes, describe _____
6. Was your mother medicated during delivery?
Yes ___ No ___ Unsure ___ If yes, 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 your general state of health at birth and during the first few months of your life? Good ___ Fair ___ Poor ___ Describe problems: _____

2. Nutrition:

Were you breastfed ___ Bottle fed ___ Combination ___

If breastfed, for how long? _____

Describe any special information about your nutrition as an infant.

3. 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.

4. Sleep Patterns

5. Colic

6. 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:

Earaches ___ Colds and sore throats ___ Digestive problems ___ Musculoskeletal problems ___

Developmental 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 ___ Unsure ___ If "yes" give details:

4. Did you have any learning disabilities during childhood. Describe.

Yes ___ No ___ Unsure ___ If "yes" give details:

5. Describe your relationship with other children

F. FAMILY HISTORY

- 1. How many brothers and sisters did you have? _____
- 2. What was your position among them? Oldest ___ Youngest ___ Other _____
- 3. List the number of years between each of 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