Patient Name: _____ **DOB:** _____

CASE HISTORY FORM ADDENDUM – PEDIATRICS (0-24 MONTHS)

Please list the names and ages of all individuals living in the home:

Name	Age	Relationship to Patient

What is the primary language spoken in the home? _____

Does the patient attend day care? FULL TIME PART TIME NO

Is there a smoker in the home? YES NO

BIRTH HISTORY *(please circle / check where indicated.)*

Date of birth: _____ ***Born at how many weeks gestation?*** _____

Pregnancy: NORMAL COMPLICATED BY: _____

Labor: PREMATURE SPONTANEOUS INDUCED COMPLICATED BY: _____

Delivery:

- ☐ VAGINAL
- ☐ CESAREAN
- ☐ VBAC
- ☐ BREECH
- ☐ FORCEPS
- ☐ VACUUM
- ☐ SINGLE BIRTH
- ☐ TWINS
- ☐ MULTIPLES: _____
- ☐ OTHER: _____

Apgar Score (if known): _____ ***Birth Weight***: ____pounds _____ ounces

Was patient admitted to the NICU? YES NO

List all medical diagnosis your child has been given: _____

_____

Are immunizations up to date: YES ALTERED SCHEDULE NO

Please explain if ALTERED SCHEDULE or NO: _____

Please list all gross motor concerns (sitting, crawling, walking, jumping…)

_____

_____

_____

Please list all fine motor concerns (hands to mouth, clapping, playing with toys…)

_____

_____

_____

Please list all sensory concerns (fuss with position changes, avoids textures…)

_____

_____

_____

Please list all feeding concerns (gags, refuses, vomits, picky, failure to thrive…)

_____

_____

_____

Please list all speech/language concerns (cooing, grunting, mimicking, expressing wants…)

_____

_____

_____

Please check all that describe your child:

- ☐ Friendly, easy going
- ☐ Difficulty sleeping
- ☐ Sleeps well
- ☐ Hyperactive
- ☐ Shy
- ☐ Uses pacifier
- ☐ Sucks thumb
- ☐ Startles easy
- ☐ Temper tantrums
- ☐ Overly sensitive to sound
- ☐ Avoids touch
- ☐ Avoids select textures
- ☐ Frustrates easily
- ☐ Difficulty leaving parent
- ☐ Cries easily
- ☐ Stubborn
- ☐ Other: _____
- ☐ Other: _____