



Advanced Therapy Solutions

INFANT QUESTIONNAIRE

Date: _____

GENERAL INFORMATION

Child's Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair/Eye Color: _____

Parent/Guardians: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Best way to reach you: (Daytime) _____ (Evening) _____

Parent #1 Place of Employment: _____

Employment Address: _____

_____ Work Phone: _____

Parent #2 Place of Employment: _____

Employment Address: _____

_____ Work Phone: _____

Health Insurance Company: _____

Policy/ID # _____ Social Security # of Policy Holder _____

Subscriber of Health Insurance: _____ DOB: _____

PREGNANCY AND LABOR

Pregnancies: _____

Issues Conceiving: _____

Doctor assisted: _____

Induced: _____

Length of Labor: _____

C-Section or Vaginal birth: _____

Baby's Gestation: _____

Length: _____ Width: _____

Any problems at birth: _____

FEEDING

Breastfeed: _____ Any problems? _____

Bottlefeed: _____ Any problems? _____

Did you see a lactation consultant in the hospital? _____

Did you see a lactation consultant privately? _____

Are you currently working with a lactation consultant? _____

Is baby exclusively fed at the breast or any supplementation? _____

Supplementation if any:

Pump: _____

Formula: _____

How many times a day breast vs supplementation: _____

What brand of bottle: _____

Current concerns with feeding: _____

MEDICAL HISTORY

Birth weight: _____

Loss weight from birth: _____

Time to regain birth weight: _____

Current weight: _____ Last weighed: _____

How many wet diapers per day: _____

How many stools per day: _____

Color, texture, smell, seeds of the stool: _____

Mucous or blood in the stool: _____

Using a pacifier: _____

Any major illness, previous diagnoses, hospitalizations, surgeries, major accidents/injuries, x-rays, CAT scans,

MRIs, EKGs, etc.: _____

Known allergies: _____

Current medications: _____

Does your child have any of the following:

Constipation: _____

Difficulty breathing: _____

Irritability: _____

Any other comments or concerns:
