

Rutherford Family Acupuncture

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BIRTH, INFANCY, AND CHILDHOOD HISTORY ADDENDUM:

Please provide as much information as you have available. Talk to family members to fill in the gaps. Much of this information is usually available as family anecdotes. This information is important to your medical care, and helps us understand important and often forgotten periods of your life. Please be as detailed as possible.

A. PRIOR TO PREGNANCY

1. Did your father drink excessive amounts of alcohol during the three month period prior to your conception?
 Yes No Unsure If yes, please elaborate: _____
2. Did your mother drink excessive amounts of alcohol during the three month period prior to your conception?
 Yes No Unsure If yes, please elaborate: _____
3. Age of Father at conception: _____ Age of Mother at conception: _____
4. If siblings, what number child are you? _____
List number of years between siblings: _____
5. Did either of your parents have a venereal disease prior to or during pregnancy?
 Yes No Unsure If yes, please elaborate: _____
6. Did your mother have a prior history of miscarriages?
 Yes No Unsure If yes, please elaborate: _____
7. Was your mother exposed to toxins or chemicals around the time of conception?
 Yes No Unsure If yes, please elaborate: _____

B. DURING PREGNANCY

1. Did your mother have any illnesses during pregnancy?
 Nausea/vomiting Cancer Eclampsia/pre-eclampsia/hypertension AIDS Edema

Placenta previa Heart defect Rubella Varicose/Spider veins Gestational diabetes

Other: _____

2. Did she experience any emotional shock or stresses during pregnancy?

Death of someone close Loss of job Divorce Trauma or abuse Other: _____

3. Did she have adequate nutrition? Yes No Unsure

4. Was she on any medications? Please list: _____

5. During pregnancy, did she use: Alcohol Cigarettes Other drugs or chemicals

Please list: _____

6. Did she spend significant time in the presence of a smoker? Yes No Unsure

7. Describe any other conditions, habits, traumas (emotional or physical, i.e. falls, accidents) that might have affected the pregnancy: _____

C. DURING DELIVERY

1. Was your birth: Early Late On time Unsure

If early/late, by how many days/weeks? _____

2. Nature of birth: Vaginal C-section

3. Was labor... Induced Of natural onset Unsure

If induced, by what method? _____

4. How long of a time elapsed between first contraction and delivery? If actual time is not known, descriptive words such as very fast or very long will do. _____

5. Was the birth traumatic to you or your mother? Yes No Unsure

Forceps Cold or shivering Extreme pain Excessive bleeding Epidural

Other: _____

6. Describe any unusual circumstances surrounding your birth:

Breech Cord wrapped around neck Forceps Born blue Stuck in birth canal
 Jaundiced Umbilical or other hernia Other _____

7. Was your mother kept in the hospital beyond the usual post-delivery period? Yes No Unsure

If yes, please elaborate: _____

8. Were you kept in the hospital beyond the usual post-delivery period? Yes No Unsure

If yes, please elaborate: _____

9. Were you placed in an incubator after birth? Yes No Unsure

If yes, how long: _____

D. YOUR INFANCY

1. Was your general state of health at birth and during the first few months of your life:

Good Fair Poor Describe any problems: _____

2. Nutrition: were you Breastfed Bottle-fed Combination If breastfed, for how long? _____

Describe any special information about your nutrition as an infant (i.e., allergies, special formula, etc.): _____

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, please elaborate: _____

4. Were there any physical traumas to you in your infancy? Yes No Unsure

If yes, please elaborate: _____

5. Please describe any unusual sleep patterns as an infant: _____

6. Colic? _____

7. Other illnesses or hospitalizations? _____

E. CHILDHOOD

1. Did you have any recurring health problems in childhood? Yes No Unsure
 Earaches Colds and sore throats Digestive problems Musculoskeletal problems
 Tonsils removed Developmental problems Other: _____

2. Did you have any major illnesses other than the usual childhood illnesses? Yes No Unsure
If yes, please elaborate: _____

3. Were you able to engage in normal physical activities commensurate with your age? _____

4. Did you have any learning disabilities during childhood? _____