

Table 1. Infant history form (0-12 months)

Patient information and consent	
Patient name	
Patient date of birth	
Parent/guardian names	
Legal relationship to child	
General practitioner/pediatrician	
Consent to contact other healthcare practitioners	
Consent to care	
Consent to use anonymized data for research purposes	
Date	
Antenatal health	
Maternal health in pregnancy	
Maternal illness in pregnancy	
Previous pregnancies	
Fetal health in pregnancy	
Birth	
Duration of pregnancy	___ weeks ___ days
Duration of labor	1st stage ___ hours 2nd stage ___ hours
Presentation (cephalic, breech)	
Intervention during labor/birth	
Medication perinatally, including analgesia	
Obvious signs of injury after birth (e.g. bruising, skin damage, cephalohematoma)	
Baby's health after birth	
Time between birth and first feed	
Presenting complaint	
Parent/guardian concern/s	
<i>Onset, associated symptoms, timing/course, aggravating and relieving factors, severity</i>	
Crying	
Timing/frequency	
Pitch/intensity	
Consolability	
Associated symptoms/behaviors (e.g. pulling ears, scratching eyes)	
Can the baby be put down?	
Sleeping	
Time and duration	
Positioning (supine or other)	
Location (e.g. cot, car seat)	
Quality of sleep	
Feeding	
How is baby fed? <i>Breast, bottle, other</i>	
What is baby fed? <i>Breastmilk, formula, other</i>	
From 6 months: Introduced solid foods? When, and what foods?	
Weight gain and growth <i>Growth chart</i>	
Any difficulty with or concerns about feeding?	
General health	
Diagnosed conditions	
Suspected conditions	
Medications: Prescribed and over the counter <i>What, why, outcome, any side effects</i>	
Supplements	
GP or hospital visits <i>When, why, outcome</i>	
Other healthcare practitioners seen	
Vaccinations — normal schedule followed?	
Allergies or intolerances	
Family medical history <i>Who, what, management, outcome</i>	
Review of systems	
Respiratory <i>Recurrent coughs, mucous, wheeze</i>	
Skin <i>Rash, eczema, nappy rash</i>	
Gastrointestinal <i>Regurgitation, vomiting, wind, stool</i>	
Output <i>Number of wet and dirty nappies in 24 hours</i>	
Positional or postural preference <i>Asymmetry of head or trunk, upright vs. supine</i>	
Injuries or falls	
Development <i>Does the baby move and interact like other babies the same age?</i>	
Other <i>Any other thoughts or concerns not covered?</i>	