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

1
1
weeksdays
1st stage hours 2nd stage hours
-
-
1
+

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

Feeding	
How is baby fed? Breast, bottle, other	
What is baby fed? Breastmilk, formula, other	
From 6 months: Introduced solid foods? When, and what foods?	
Weight gain and growth Growth chart	
Any difficulty with or concerns about feeding?	
General health	
Diagnosed conditions	
Suspected conditions	
Medications: Prescribed and over the counter What, why, outcome, any side effects	
Supplements	
GP or hospital visits When, why, outcome	
Other healthcare practitioners seen	
Vaccinations — normal schedule followed?	
Allergies or intolerances	
Family medical history Who, what, management, outcome	
Review of systems	
Respiratory Recurrent coughs, mucous, wheeze	
Skin Rash, eczema, nappy rash	
Gastrointestinal Regurgitation, vomiting, wind, stool	
Output Number of wet and dirty nappies in 24 hours	
Positional or postural preference Asymmetry of head or trunk, upright vs. supine	
Injuries or falls	
Development Does the baby move and interact like other babies the same age?	
Other Any other thoughts or concerns not covered?	