

Congratulations on the arrival of your baby!

Please help us get things started by answering a few questions ...

who lives @ your house?...don't forget about yourself!

their names:	born when:	relationship:	what do they do:

sometimes **we** send out emails.
we **will NOT share** your address.

_____ @ _____ . com
bendbroadband gmail hotmail

How did you hear about us?

Anything you want to talk about today?

lets review a few details:

Was your baby born: on time early late

How were they delivered: vaginal C-section

How much did they weigh: _____pounds _____ounces

Were they born: @ home, @ birthing center, @ hospital

Did they get **Hepatitis B** vaccine ? yes, no, not sure

Did they pass their **hearing** screen? yes, no, not sure

What **last name** was your baby under in the hospital?

Did you take any **medications** during pregnancy?

Did you **smoke** or drink **alcohol** or take any **drugs before or during pregnancy?**

Breast feeding seems to be going well. yes no not sure

Is breast feeding painful? Yes, No

My baby is latching well. Yes, No not sure

About how many wet diapers is your baby having per day? :

Did your baby have any problems in hospital? no yes:

Do you have any family in area? Yes, No, Will be coming.

how about things @ home?

We are: married | not married | separated | divorced

Parent serving in military | Do you have full custody of your child/ children?:

Anyone smoke in your family? No, Yes: outside inside too in car also

ANY **guns** in your house? No, Yes: trigger lock? gun safe/lock box? loaded unloaded

Do you have financial stress? Yes No

House constructed before 1950? Yes No. Before 1978 & remodeled recently? Yes No

Do you feel **safe** at home? Yes No. History of abuse? neglect?

Anything else we should know?:

Other health info...

about you & baby:

about you & family:

Yes No

I have blamed myself unnecessarily when things went wrong.

yes most of the time

yes some of the time

No, not much

No, never

No prior serious illnesses

Family history: birth defects

Sudden death

Heart attack before 50 yr.

High Cholesterol

High Blood Pressure

Stroke

Anemia

Diabetes

Obesity

Thyroid disease

Cancer

Asthma

Allergic rhinitis/hayfever

Eczema

Headaches: migraine

Seizures

Hearing loss

Anxiety

Depression

ADHD

Learning disorder

Autism

Alcohol abuse

Drug abuse

Deafness before age 5 years

Kidney disease

I have felt scared or panicky for not very good reasons.

yes, quite a lot

yes sometimes

No, not much

No, not at all

I have been anxious or worried for no good reason.

yes, very often

yes sometimes

Hardly ever

No, not at all

Yes

No

My milk is coming in.

I have enough help?

I can calm my baby.

I am really tired.

I would like to see lactation.

other: