

# Dragon Rises College of Oriental Medicine

## BIRTH, INFANCY & CHILDHOOD HISTORY

*Please provide as much information as you have available. Talk to family members to fill in gaps. Much of this information is usually available as family anecdotes. For each question, check "Yes," "No," or "Unsure," and in addition report as much detail as you can.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### A. PRIOR TO PREGNANCY:

1. Did your father drink excessive amounts of alcohol during the three month period prior to or during conception? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, please describe.
2. Did your mother drink excessive amounts of alcohol during the three month period prior to or during conception? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, please describe.
3. Age of mother at conception? \_\_\_\_\_ Father? \_\_\_\_\_
5. Did either of your parents have a venereal disease prior to or during pregnancy? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, please describe.
6. Did your mother have a prior history of miscarriages? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, please describe.
7. Was your mother exposed to toxins around the time of conception? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, please describe.

### B. DURING YOUR MOTHER'S PREGNANCY:

1. Did your mother have any illnesses that you know of during pregnancy? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, please describe.
2. Did she have adequate nutrition? Yes \_\_\_ No \_\_\_ Unsure \_\_\_
3. Did she experience any emotional shocks or stresses? (e.g. or example, death of someone close, loss of job, breakup of marriage.) If yes, describe. Yes \_\_\_ No \_\_\_ Unsure \_\_\_

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4. Was she on any medications other than vitamins and mineral supplements? List those known.
5. During pregnancy did she use alcohol \_\_\_ nicotine \_\_\_ other chemicals \_\_\_\_\_
6. Did she spend significant time in the presence of a smoker? Yes \_\_\_ No \_\_\_ Unsure \_\_\_
7. Describe any other conditions or habits that might have affected the pregnancy.

### **C. DELIVERY:**

1. Was birth Early \_\_\_ Late \_\_\_ On Time \_\_\_ Unsure \_\_\_ If so, how early/late? \_\_\_\_\_
2. Nature of birth: Vaginal \_\_\_ Cesarean \_\_\_
3. Was labor of natural onset \_\_\_ or induced \_\_\_ Unsure \_\_\_ If induced, by what method? \_\_\_\_\_
4. How long a time elapsed between first contraction and delivery? If actual time is unknown, descriptive words such as very fast or very long will do.
5. Was the birth traumatic to you and/or your mother? (e.g. high forceps)  
Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, describe
6. Was your mother medicated during delivery?  
Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If yes, describe
7. Describe any unusual circumstances surrounding your birth. (e.g. Breech, cord around neck, placenta previa)
8. Birth Weight \_\_\_\_\_ Length \_\_\_\_\_ APGAR Score \_\_\_\_\_
9. Were you, or your mother, kept in the hospital beyond the usual post-delivery period.  
Yes \_\_\_ No \_\_\_ If Yes, then why?
10. Incubator: Were you placed in an incubator after birth?  
Yes \_\_\_ No \_\_\_ If Yes, how long? \_\_\_\_\_

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## **D. YOUR INFANCY:**

1. What was your general state of health at birth and during the first few months of your life? Good \_\_\_  
Fair \_\_\_ Poor \_\_\_ Describe problems:

2. Nutrition:

Were you breastfed \_\_\_ Bottle fed \_\_\_ Combination \_\_\_

If breastfed, for how long? \_\_\_\_\_

Describe any special information about your nutrition as an infant.

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", describe them.

4. Sleep Patterns

5. Colic

6. Other illnesses or hospitalizations

## **E. CHILDHOOD**

1. Did you have any recurring health problems in childhood, any major illnesses other than the usual childhood illnesses??

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If "yes" give details:

Earaches \_\_\_ Colds and sore throats \_\_\_ Digestive problems \_\_\_ Musculoskeletal problems \_\_\_

Developmental problems \_\_\_ Other \_\_\_ (describe)

2. Did you experience any physical trauma or physical, emotional or sexual abuse in childhood?

Physical \_\_\_ emotional \_\_\_ sexual \_\_\_ If so, describe: Age \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If "yes" give details:

4. Did you have any learning disabilities during childhood. Describe.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ If "yes" give details:

5. Describe your relationship with other children

## **F. FAMILY HISTORY**

1. How many brothers and sisters did you have? \_\_\_\_\_

2. What was your position among them? Oldest \_\_\_ Youngest \_\_\_ Other \_\_\_\_\_

3. List the number of years between each of your brothers and sisters.

4. Illnesses among family members

## **G. GENERAL COMMENTS**

If you have any general comments or additional information, please use this space.

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_