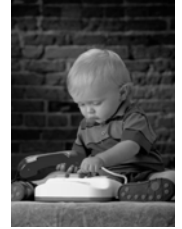


4515 N. 32nd St. Ste. #110
Phoenix, AZ 85018
602.955.3456



711 E. Carefree Hwy Ste. B214
Phoenix, AZ 85085
623.582.4252



WELL BABY FORM • CASE HISTORY

BABY'S NAME: _____ PARENT'S NAME: _____

ADDRESS: _____ CITY/ST/ZIP _____

HOME PHONE # _____ DAD'S WK # _____ MOM'S WK # _____

INSURANCE INFORMATION: _____
(NAME) (ADDRESS) (POLICY #)

BIRTH DATE: _____ BIRTH WT. & LGTH _____ CURRENT WT & LGTH _____

PLACE OF BIRTH: HOSPITAL _____ HOME _____ BIRTHING CENTER: _____
(NAME) (NAME)

PROBLEMS WITH PREGNANCY: _____

TYPE OF BIRTH: NORMAL VAGINAL _____ FORCEPS _____ BREECH _____ CAESAREAN _____

PROBLEMS WITH DELIVERY OR LABOR: _____

WAS BABY CYANOTIC (BLUE BABY) _____ JAUNDICE (YELLOWISH) _____

DESCRIBE BIRTHMARKS IF ANY: _____

APGAR SCORE IF KNOWN: _____

IMMUNIZATIONS OR OTHER TOXINS: _____

FAMILY HISTORY: RETARDATION _____ DIABETES _____ EPILEPSY _____ ALLERGIES _____

TYPE OF FEEDING: BREAST _____ BOTTLE _____ FORMULA _____
(NAME)

BABY'S SYMPTOMS AND/OR PARENTS COMMENTS: _____

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)