ADDRESS
32 Durham Road
Raynes Park
London SW20 0TW

TELEPHONE 020 8946 2331
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NEW BORN Baby Questionnaire

Father & Mothers' name & address _____

_____

Maternal age _____ Mother's occupation _____

I worked until _____ weeks Baby born at _____ (+/- days/weeks)

Name & Address of GP _____

Problem needing help (colic, crying, check-up etc) _____

_____

Have you seen GP (or other healthcare professional) for this condition. Details: _____

_____

Pregnancy & Birth

DoB _____ Weight_____ Length _____ Which Hospital _____

IVF baby? Y/N How many rounds of IVF _____ Which Clinic _____

Maternal medication during pregnancy _____

Concerns / Investigations during pregnancy _____

_____

How long was **first stage** (ie from regular contractions to 4cm dilated) _____

How long was **second stage** of labour (ie time between 4cm– 10 cm) _____

Labour drugs (ie syntocinon, epidural, pethidine etc) _____

_____

The birth involved: Ventouse❑ forceps❑ caesarean❑ cord around neck❑, foetal distress❑ other❑

What happened _____

_____

_____

_____

_____

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Tick all that apply

Feeds and Observations

Breast exclusively	❑	Expressed Breast	❑	Formula top-ups	❑
Bottle only	❑	Latching problems	❑	Flailing on breast	❑
Falls asleep on breast	❑	Prefers one breast	❑	Sore nipples	❑
Uses breast as dummy	❑	"Sucky baby"	❑	Fidgeting baby	❑
Head to one side	❑	Scratches a lot	❑	One eye smaller	❑
Yawns in a skew way	❑	Arches neck / back	❑	Witching Hour	❑
Cries "all the time"	❑	Needs to be held	❑	Colic medicines don't work	❑
Wont lie on back	❑	Likes lying on front	❑	Vomiting	❑

Any Illness / conditions under investigation for baby Y / N

Condition: _____

Hospital: _____

Baby Medication _____

Other comments _____

_____

_____

_____

Signed _____ Parent _____

Date _____