

- Has he/she had a typical or adjusted vaccination schedule? _____
- Which of the following describes your child's diet? _____

Breastfed: on schedule/ on demand

Bottle fed: Breast milk/ Formula; Dairy based/ Dairy Free

Any other information or concerns you want to share about feeding your baby _____

Family/Emotional Background

Is mom partnered? _____ If yes, what is the nature of the relationship? _____

Have there been any significant stressors/traumas in mom's/parents' life since this baby was conceived? _____

How has mom's mood been since the birth? _____

Anything else you'd like to share about family dynamics & emotional and mental health _____

Additional Information

Priority concerns:

List medications:

List and date surgeries:

Please initial each of the following and sign at the bottom

- _____ I do not diagnose or treat conditions, prescribe medication, or manipulate joints.
- _____ Payment for each session is due at the time of visit.
- _____ I understand that I may be financially responsible for a missed or rescheduled appointment if not canceled/changed within 48 hours prior to the reserved session time.

Signature/date: _____