thehappybaby
sleep and settling clinic

New Patient Questionnaire

Please bring your Child Health Record Book to every consultation

Names and Dates of Birth

Parent 1:_____

Parent 2: _____

Baby (ies): _____

Who else lives at home (siblings and ages, relatives, boarders etc.)?

_____

_____

Who else is involved in caring for the baby? (Grandparents, daycare etc)

_____

In a few words (we will go into this in much more detail together), please tell us the issues you are having at home with your baby:

_____

_____

_____

_____

How are you currently settling your baby?

Pregnancy –

Please describe any medical issues or complications

Birth –

- ○ Vaginal
- ○ +Vacuum or forceps
- ○ Caesarian
- ○ Surrogate
- ○ Adopted
- ○ Fostered

Baby's gestation at birth: _____ weeks

Were there any complications while in hospital?

Feeding -

- ○ Breast
- ○ Formula
- ○ Both

Which formula is being used? _____

Do you have a lactation consultant?

- ○ Yes
- ○ No

Past Medical History

Mother	Baby

Current Medications

Mother	Baby

Allergies

Mother	Baby

Smoking -

- ○ Current smoker
- ○ Ex-smoker
- ○ Never smoked

Thank you for taking the time to provide this information. Please bring these pages with you to your first appointment.

We look forward to seeing you, and helping you and your family to regain the sleep you need!