ACUPUNCTURE ECOLOGY, LLC
370 Western Blvd #B ☯ Corvallis, OR 97333
(541) 220-1138 ☯ www.AcupunctureEcology.com

BIRTH, INFANCY, and CHILDHOOD HISTORY

Please provide as much information as you have available. Talk to family members to fill in the 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:_____Date:_____

Birth date:_____Birth time: _____Birthplace:_____

PRIOR TO PREGNANCY

1. Age of father at your conception: _____
2. Age of mother at your conception: _____

3. Did your mother have a prior history of stillborns, abortions, or miscarriages?
   ❒ Yes ❒ No ❒ Unsure
   If yes, please describe.

4. Number of prior pregnancies?_____

5. Length of time between prior pregnancy and your birth? _____

6. Did your father drink excessive amounts of alcohol during the three-month period prior to your conception? ❒ Yes ❒ No ❒ Unsure
   If yes, please describe.

7. Did your mother drink excessive amounts of alcohol during the three-month period prior to your conception? ❒ Yes ❒ No ❒ Unsure
   If yes, please describe.

8. Was your father exposed to toxins or chemicals around the time of conception?
   ❒ Yes ❒ No ❒ Unsure
   If yes, please describe.

9. Was your mother exposed to toxins or chemicals around the time of conception?
   ❒ Yes ❒ No ❒ Unsure
   If yes, please describe.

10. Did either of your parents have a venereal disease prior to or during pregnancy?
❒ Yes ❒ No ❒ Unsure
If yes, please describe.

11. Were either of your parents under emotional strain around the time of conception?
❒ Yes ❒ No ❒ Unsure
If yes, please describe.

12. Were either of your parents physically ill around the time of conception?
❒ Yes ❒ No ❒ Unsure
If yes, please describe.

13. Did either of your parents engage in any strenuous or unusual activity around the time of conception?
❒ Yes ❒ No ❒ Unsure
If yes, please describe.

PREGNANCY

1. Did your mother have any illnesses during pregnancy?
❒ Nausea/vomiting ❒ Cancer ❒ Eclampsia/hypertension
❒ AIDS ❒ Placenta previa ❒ Heart defect
❒ Rubella in 1st trimester ❒ Edema ❒ Other (please describe)
Please describe.

2. Did she have adequate nutrition? ❒ Yes ❒ No ❒ Unsure

3. Did she experience any emotional shock or stresses?
❒ Death of someone close ❒ Loss of job ❒ Divorce
❒ Trauma or abuse ❒ Other (please describe)
Please describe.

4. Was she on any medications? Please list.

5. During pregnancy, did she use ❒ Alcohol ❒ Cigarettes/nicotine ❒ Other drugs or chemicals
   Please explain.

6. Did she spend significant time in the presence of a smoker? ❒ Yes ❒ No ❒ Unsure

7. Describe any other conditions, habits, traumas (emotional or physical, i.e., falls, accidents), etc. that might have affected the pregnancy.

DELIVERY

1. Was birth: ❒ Early ❒ Late ❒ On time ❒ Unsure
   If early/late, by how many days/weeks? _____

2. Nature of birth: ❒ Vaginal ❒ C-section ❒ Unsure

3. Was labor of ❒ Natural onset ❒ Induced ❒ Unsure
   If induced, by what method? _____

4. How much time elapsed between first contraction and delivery? If actual time is not known, descriptive words such as "very fast" or "very long" will do.

5. Was the birth traumatic to you or to your mother? ❒ Yes ❒ No ❒ Unsure
   ❒ Forceps ❒ Cold or shivering ❒ Extreme pain
   ❒ Excessive bleeding ❒ Epidural ❒ Other (please describe)
   If yes, please describe.

6. Describe any unusual circumstances surrounding your birth.
   ❒ Breech ❒ Cord wrapped around neck ❒ Forceps
   ❒ Born blue ❒ Stuck in birth canal ❒ Jaundiced
   ❒ Umbilical or other hernia ❒ Other (please describe)
   Please describe.

7. Birth weight_____ Length_____ APGAR score_____

8. Were you or your mother kept in the hospital beyond the usual post-delivery period?
   ❒ Yes ❒ No ❒ Unsure
   If yes, why?

9. Were you placed in an incubator after birth? ❒ Yes ❒ No ❒ Unsure
   If yes, how long? _____

10. Describe any other conditions at or immediately after birth (e.g. RH factor, medical interventions such as phototherapy).

INFANCY

1. What was your general state of health at birth and during the first few months of your life?
   ❒ Good ❒ Fair ❒ Poor
   Please describe.

2. Nutrition: Were you: ❒ Breastfed ❒ Bottlefed ❒ Combination
   If breastfed, for how long? _____
   Describe any special information about your nutrition as an infant (i.e., allergies, special formula, etc.)

3. Were there any emotional traumas in your infancy, either to you or to other members of your close family? ❒ Yes ❒ No ❒Unsure
   Please describe.

4. Were there any physical traumas to you in your infancy? ❒ Yes ❒ No ❒ Unsure
   Please describe.

5. Sleep patterns: Please describe any unusual sleep patterns.

6. Colic or skin problems?

7. Other illnesses or hospitalizations.

CHILDHOOD

1. Did you have any recurring health problems in childhood? ❒ Yes ❒ No ❒ Unsure
   - ❒ Earaches ❒ Colds and sore throats ❒ Digestive problems
   - ❒ Tonsils removed ❒ Musculoskeletal problems ❒ Developmental problems
   - ❒ Other

   Please describe.

2. Did you have any of the following childhood illnesses?
   - ❒ Chicken Pox ❒ Measles ❒ Rubella
   - ❒ Diphtheria ❒ Mumps ❒ Scarlet Fever
   - ❒ German Measles ❒ Rheumatic Fever

3. Did you have any major illnesses other than the above?
   - ❒ Yes ❒ No ❒ Unsure

   If yes, please describe.

4. Were you able to engage in normal physical activities commensurate with your age?
   - ❒ Yes ❒ No ❒ Unsure

   If no, please describe.

5. Did you have any learning disabilities during childhood?
   - ❒ Yes ❒ No ❒ Unsure

   If yes, please describe.

6. Describe your relationship with other children.

ACUPUNCTURE ECOLOGY, LLC
370 Western Blvd #B ☯ Corvallis, OR 97333
(541) 220-1138 ☯ www.AcupunctureEcology.com

TRAUMAS

1. During infancy or childhood did you experience:

❒ Neglect	❒ Physical abuse or assault
❒ Abandonment	❒ Emotional abuse
❒ Separation from family	❒ Sexual abuse
❒ Death of parent or loved one	❒ Violent crime
❒ Divorce of parents	❒ Other stress, abuse, or trauma

Please describe briefly.

2. During adolescence did you experience:

❒ Neglect	❒ Physical abuse or assault
❒ Abandonment	❒ Emotional abuse
❒ Separation from family	❒ Sexual abuse
❒ Death of parent or loved one	❒ Violent crime
❒ Divorce of parents	❒ Other stress, abuse, or trauma

Please describe briefly.

3. At any other point in your life did you experience:

❒ Neglect	❒ Physical abuse or assault
❒ Abandonment	❒ Emotional abuse
❒ Separation from family	❒ Sexual abuse
❒ Death of parent or loved one	❒ Violent crime
❒ Divorce of parents	❒ Other stress, abuse, or trauma

Please describe briefly.