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**Baby/Toddler Questionnaire (Birth – 3 Years)**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth was via (please circle): Vaginal C-section Emergency C-Section

How long was active labor (please circle)? Short (<3hrs) Common (4-8hrs) Long (>8hrs)

Was the labor induced (please circle)? Yes No If so, at how many weeks: \_\_\_\_\_

During pregnancy or labor I had (please circle)? +IV Fluids +Pitocin +Breech Birth

+Membranes Stripped +Epidural +Anesthesia +Directed Pushing

+Use of Forceps +Use of Vacuum +Other: \_\_\_\_\_

During pregnancy, I had \_\_\_\_\_ # of ultrasounds.

Baby/Toddler is (please circle): +strictly breastfed +strictly formula fed +breastfed & formula fed

If formula fed, what formula? \_\_\_\_\_

Is/Was there any difficulty breastfeeding (please circle)? Yes No

I am worried about my baby's/toddler's weight (please circle)? Yes No

I am worried about my baby's/toddler's growth (please circle)? Yes No

Approximately how many wet diapers/day for baby/toddler? \_\_\_\_\_

Approximately how many bowel movements/day for baby/toddler? \_\_\_\_\_

Approximately how many hours is baby/toddler sleeping? \_\_\_\_\_ Mom? \_\_\_\_\_

Has baby/toddler received recommended vaccinations (please circle)? Yes- all Yes- some No-none

My baby/toddler is mostly (please circle): +Happy +Crying +Sleeping +Content

+Hungry +Other: \_\_\_\_\_

Has your baby/toddler had any difficulty with (please circle)? +Spit-up/Vomiting +Sleeping +Crying

+Breastfeeding +Weight Gain +Ear Infections

+Teething +Other: \_\_\_\_\_

Any other concerns about baby/toddler? \_\_\_\_\_

This form was completed by: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_