

Patient Weight	
Patient Length	

### Patient Information Sheet

Please answer the following questions so that we may treat your child effectively.

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

1. Infant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Infant's Gender:  M  F

3. Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_ Number of weeks at birth: \_\_\_\_\_

4. Was there anything unusual about the way the infant was positioned in utero?   
 Yes  No

If yes, please explain: \_\_\_\_\_

5. What type of birth (check all that apply):  Single  Multiple  Vaginal  
 C-Section  Head-down  Breech  Forcep  Suction

6. Were there problems during delivery?

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. When did you notice your baby's head shape was different? \_\_\_\_\_

8. Did your baby have to spend long periods of time in one position for the first weeks or months of life?  Yes  No

If yes, why? \_\_\_\_\_

9. Do you have other children?  Yes  No

Number of male \_\_\_\_\_ Number of female \_\_\_\_\_

10. Did any of your other children have differently shaped heads?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

11. Does your baby have any neck tightness?  Yes  No

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- 12. During the day my baby lies on the left or right side of the head.  R  L
- 13. When you walk in to your baby's room, the crib is on which wall?  
 Left of door as you enter  Right of door  Straight
- 14. As you face the crib, which end of the crib is the infant's head?  R  L
- 15. What position does your baby like to sleep in? \_\_\_\_\_
- 16. Can your baby hold their head up and look around?  Yes  No
- 17. Does your baby respond to voices both the left and right side and they are able to turn and look?  Yes  No
- 18. My baby is in daycare or with a sitter \_\_\_\_\_ days a week.

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I give my permission for this data/photos to be used for clinical studies or presentations. All data/photos will be HIPAA Compliant to safeguard the patient's privacy.

Signature of Caregiver/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Cranial Specialist \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for taking the time to answer these questions.  
It will help us to better serve your baby*