

A photograph of a baby sleeping peacefully in a wooden crib. The baby is wearing a white onesie and is tucked under a white blanket. The crib's wooden slats are visible in the background. The overall lighting is soft and warm, creating a calm and serene atmosphere.

Symptoms Check-Up



WITH LOUISE.LAPUERICULTRICE

Symptoms Check-up

GAS AND BURP DISTURBANCE

- | | |
|--|---|
| <input type="checkbox"/> Bloating tummy | <input type="checkbox"/> Itching / Redness Skin |
| <input type="checkbox"/> Rock Tummy | <input type="checkbox"/> Eczema (in family) |
| <input type="checkbox"/> Tummy pain | <input type="checkbox"/> Tendency of Rash |
| <input type="checkbox"/> Gassy | <input type="checkbox"/> Spit up / Vomiting |
| <input type="checkbox"/> Loose and frequent stools | <input type="checkbox"/> Constipation |

FEEDING DISTURBANCE

- | | |
|---|---|
| <input type="checkbox"/> Baby Seems always hungry and not full | <input type="checkbox"/> Gumming or chewing the nipple |
| <input type="checkbox"/> Taking extended amount of time | <input type="checkbox"/> Clicking or smacking noises when eating |
| <input type="checkbox"/> Hiccups often | <input type="checkbox"/> Gagging, choking, coughing when eating |
| <input type="checkbox"/> Baby is frustrated at the breast or bottle | <input type="checkbox"/> Milk leaks out of the mouth when feeding |
| <input type="checkbox"/> Slides or pops on/off the nipple/bottle | |
| <input type="checkbox"/> Falls asleep in the middle feed | |
| <input type="checkbox"/> Uncoordinated Suck/Swallow/Breath Sequence | <input type="checkbox"/> Overuse of cheeks/jaw |
| <input type="checkbox"/> Shallow latch / Not deep latch | <input type="checkbox"/> Lip curls under when nursing/bottle |

HYPERTENSIONS

- | | |
|---|---|
| <input type="checkbox"/> Fussy often / highly irritability | <input type="checkbox"/> Sleep with head at extended angle (odd position) |
| <input type="checkbox"/> Short sleeping and waking often and easily | <input type="checkbox"/> Nose sound congested often |
| <input type="checkbox"/> Baby moves a lot in sleep/kicks/restless sleep | <input type="checkbox"/> Snoring, noisy, breathing or mouth breathing |
| <input type="checkbox"/> Needs motion to calm down | <input type="checkbox"/> Mouth open during the day |
| <input type="checkbox"/> Tummy Time difficult | <input type="checkbox"/> Torticollis - Strong side preference |
| <input type="checkbox"/> Swaddle is not possible | <input type="checkbox"/> Strong head control / Very "strong" neck |
| <input type="checkbox"/> Side or stomach position doesn't work | <input type="checkbox"/> Tucked legs (diaper changes difficult) |
| <input type="checkbox"/> Pacifiers falls out easily or won't stay in | <input type="checkbox"/> Rolling over early |
| <input type="checkbox"/> Prolonged pacifier sucking | <input type="checkbox"/> Often unpleasant urge to move the legs |

Anamnesis Family Assessment

Infant's Name _____ Date of Birth _____

Term of Birth _____ Birth Weight _____ Weight Today _____

Reasons of Consult _____

BIRTH

- | | |
|---|---|
| <input type="checkbox"/> Natural Labour | <input type="checkbox"/> Forceps or Vaccum |
| <input type="checkbox"/> No assistance at all | <input type="checkbox"/> Twisted journey through birth canal |
| <input type="checkbox"/> Gentle assistance from pro | <input type="checkbox"/> Malpositioned delivery (nuchal hands, etc) |
| <input type="checkbox"/> Induction | <input type="checkbox"/> Wrapped or knotted umbilical cord |
| <input type="checkbox"/> Particularly fast birth | <input type="checkbox"/> Initial delay in breathing |
| <input type="checkbox"/> Extended long pushing stage | <input type="checkbox"/> Breech position |
| <input type="checkbox"/> Spontaneous rupture of membranes | <input type="checkbox"/> Not opportunity of delayed cord clamping |
| <input type="checkbox"/> Cervical Sweep | |
| <input type="checkbox"/> Manual rupture of membranes | |
| <input type="checkbox"/> Caesarean Section planned | |
| <input type="checkbox"/> Emergency Caesarean Section | |

IN CASE OF BREAST FEEDING

- Lipstick-shape nipples
- Blistered or cut nipples
- Pain during nursing
- Poor or incomplete drainage
- Decreasing milk supply
- Plugged ducts/ engorgement /mastitis
- Nipple thrush
- Using a nipple shield
- Baby prefers one side over other

FAMILY ANAMNESIS

- Maternal low iron in pregnancy
- Anemia or any mineral carentia
- Head-hach and migraines
- Hyper - Hypothyroidie
- CMA or Intolerances
- Restless leg syndrome
- Asthma