

Crossinology[®]
Brain Integration Technique
Medical History

The following questions are part of the background necessary to evaluate you or your child's behavioral and/or learning problems. A number of factors involved with the prenatal, birth and early postnatal periods are sometimes associated with behavioral and learning difficulties. Please fill in the following questionnaire. If an item requires explanation, or if a checked item asks for comment, please give a brief, concise comment on that item as it relates to you or your child's development.

1. Please briefly indicate if any of the listed items below apply to you or your child and note any that are not included in this list. We are interested in your or your child's prenatal period, including both any problems in you or your child's development and/or any problems with the mother during the pregnancy.

Mother (prenatal history)

Was the pregnancy planned? _____.

Sickness of any kind: Describe _____.

Viruses: Describe _____.

Toxemia/Preeclampsia: Describe _____.

Accidents (falls, etc.) Describe _____.

Anything requiring medical attention of any kind during or as a result of pregnancy or birth:

Describe _____

_____.

Any drugs taken, prescribed or otherwise:

Describe _____.

Other: Describe _____

_____.

Child's birth

How long was the labor? _____.

Any drugs used during labor: _____.

Was there any difficulty in the birthing process? (e.g. cord around neck, posterior presentation, fetal distress, forceps): _____.

Oxygen problems at birth, baby bluish or cord around neck? _____

_____.

Fetal distress at birth? _____.

Caesarian? _____. Any problems? _____.

Was the delivery very rapid? _____.

Forceps used? If yes, do you know whether they were High-Forceps____; Mid-Forceps____; or Low-Forceps____. (The location of the marks on the head immediately after birth indicate which: High- above ears; Mid- at level of ears; Low- below ears.)

Were you/was your baby removed for a period before presentation to you? If yes, for how long?

_____.

Was there a period of extended separation, e.g. premature? _____.

Any time spent in Isolette/warmer? _____ If yes, why and how long? _____

_____.

Any other difficulty involved with the birth, or immediate post-natal period: _____

Medical treatment of any kind needed? _____

Any other problems? _____

2. Were you/was your child breastfed/nursed? Is so, for how long? _____

3. Have you/has your child suffered any serious childhood diseases, had any operations, or other medical problems? Please describe briefly: _____

4. Have you/has your child ever had fluid in the inner ears? ____ If so, were tubes required? ____.

5. Do you/does your child have any allergies that you are aware of? (check):

Pollen

House dust, house dust mite

Food colorings, dyes or preservatives? Which ones? _____

_____.

Chemicals (e.g. gasoline fumes, perfumes, cigarette smoke)? Which ones? _____

_____.

Any allergies or intolerances of any foods? Which ones? _____

_____.

6. Do you/does your child suffer from Asthma? ____ Taking medication for it? ____

Which and how often? _____

_____.

7. Taking medication of any kind for any reason? ____ Which and for what conditions? ____

_____.

8. Have you/has your child ever been knocked unconscious? ____ If yes, for how long and under what circumstances? _____

_____.

9. Have you/has your child ever had whiplash? ____ If yes, describe: _____

10. Have you/has your child ever had an epileptic fit? _____ If yes, describe: _____

11. Have you/has your child ever suffered Febrile Seizures (high temperature induced fits or seizures), especially between 18 months and 3 years? _____ If yes, give brief description: _____

12. When did you/your child start to crawl? _____. Did you/they crawl normally, that is opposite hand and knee, or did they tend to scoot along on their bums or drag/extend one leg?

How long did you/they crawl? _____.

Did you/they just go from sitting or holding on to things to walking with little crawling? _____

13. When did you/your child start talking? _____.

First words? _____.

First short sentences? _____.

Was there any verbal language delay? _____. If so, how long? _____.

14. Any other facts or information regarding you/your child that you feel are relevant:
