

**Pediatric Neurosurgery Center**  
***Prenatal/Birth Histories***

The Pediatric Neurosurgery Center at Dell Children's Medical Center

Birth History

Birth date \_\_\_\_\_  On time     Early     Late    How early or late? \_\_\_\_\_  
 Birth weight \_\_\_\_\_    Complications to the pregnancy     Yes     No

If yes, please describe \_\_\_\_\_

Antepartum

Prolonged morning sickness?     Yes     No  
 Maternal medical conditions?     Yes     No  
 Maternal use of :     Drugs     Alcohol     Cigarettes/Tobacco  
 Other factors: \_\_\_\_\_

Labor:     Spontaneous     Induced     Complicated (describe) \_\_\_\_\_

Delivery:     Vaginal     Forceps/vacuum assisted     C-section  
 Apgar scores:    1 min \_\_\_\_\_    5 min \_\_\_\_\_    other \_\_\_\_\_

The first week or two after being born, did the patient have any special problems, such as:

Fever     Infections     Seizures     Poor feeding     Jaundice     Trouble Breathing  
 Excessive fussiness    Other: \_\_\_\_\_

Does the patient have any birth defects? (if yes, describe )     Yes     No \_\_\_\_\_

Does the patient see normally? (if no, describe)     Yes     No \_\_\_\_\_

Does the patient hear normally? (if no, describe)     Yes     No \_\_\_\_\_

