

Patient History – Questionnaire from Dr. Lutz Erik Koch, Brennofenweg 40, 24340 Eckernförde, Germany

Patient History – Questionnaire for
born
in

Dear parents,

In addition to the pre-examination interview, we are providing you with a list of questions that help us plan your child's examination and treatment as specifically as possible. Please don't be concerned if you cannot answer all the questions in this survey. The more you know, the better. But when you are unsure, feel free to write a question mark or simply leave it blank. If you have additional comments, please make notes in the margin so that we can address them.

Please check the applicable answers!

Family History

Smoker(s): - Father: yes / no
- Mother: yes / no
Has a Sudden Infant Death occurred within the family? yes / no
There are known spinal problems in our family yes / no

If yes, who in the family? (for example scoliosis, deformations, shortened leg)

.....
.....

We frequently have neck / lower back problems (for example neck-/headaches, migranes) yes / no

If yes, who?

.....
.....

Siblings have already been examined by us (with KISS, posture problems, other) yes / no

Pregnancy

Which pregnancy (first, second, third?)pregnancy
Number of children child(ren)
Mother's age at time of this birth years old
Week of gestation weeks
Birth weight g
Length cm
Oblique presentation/torso presentation yes / no if yes, which one

.....
.....

The Birth

Length: hours
Multiple birth? yes / no

The actual birth (contractions) lasted hours

Birthing aids (forceps, vacuum extraction) were used yes / no if yes, which one(s)?
.....
.....

The birth was a Caesarean Section yes / no if yes, why?
.....
.....

Did it reach the point of birth injuries? yes / no if yes, what kind?
.....
.....

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Infant's Noticeable Features (in the First Year)

The child is (was) tense in the back, hyperextended yes / no

The child has (had) a crookedly-held head yes / no right / left

The child lies (lay) in a bow, like a C ? yes / no right / left

The child has (had) retarded hip development yes / no right / left

The child has (had) an abnormal foot position yes / no right / left

The child has (had) a bald-spot on the back of the head yes / no

The child can (could previously) not lie on his/her stomach yes / no

The child has (had) problems with his/her eyes yes / no

The child falls (fell) asleep well yes / no
Period before asleep? minutes

The child wakes (woke) up often at night yes / no if yes, how often?
.....

He/she has (had) adopted a certain sleeping position yes / no if yes, which one?
.....

Breastfeeding: yes / no
Duration: months

| | |
|--|---|
| When breastfeeding he/she has (had) problems on one side | yes / no if yes, on which one? |
| The baby drinks / eats little or badly (or used to) | yes / no |
| She/He drools a lot or spits often (or used to) | yes / no |
| We have (had) a “cry-baby” | yes / no |
| She/He has (had) “Three-Months-Colic” | yes / no if yes, longer? |
| The child is (was) sensitive around the neck (for example, while getting dressed) | yes / no |
| Our child frequently pulls his hair | yes / no |

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Other Health Problems

| | |
|-----------------------------------|---|
| Our child suffers from... | |
| 1 throat infections | yes / no |
| 2 neurodermatitis | yes / no if yes, since when? |
| 3 allergies | yes / no if yes, what kind? |
| 4 headaches | yes / no |
| If headaches, how often per week? | times |
| 5 neurological disorders | yes / no if yes, which one(s)? |
| 2 wears glasses | yes / no if yes, since when? |
| 1 often has his/her mouth open | yes / no |

Developmental Delays

| | |
|------------------------------|----------|
| Posture and movement | yes / no |
| Speech and comprehension | yes / no |
| Concentration, social skills | yes / no |

Asymmetry, Posture Difficulties

| | |
|---|---------------------------------|
| We noticed it immediately after the birth | yes / no |
| We first noticed it later | yes / no if yes, when? |
| We were made aware of it | yes / no if yes, by whom? |

(doctor, midwife, physical therapist)

.....

We particularly noticed the following:
(crooked head-, rear-, leg- or arm-position)

.....
.....
.....

The baby...

| | | | |
|-------|---|--------------|-----------------|
| 1 | only looks (looked) towards the | right / left | yes / no |
| 2 | only turns (turned) towards the | right / left | yes / no |
| 3 | moves both arms equally | yes / no | which one less? |
| | | | |
| 4 | moves both legs equally | yes / no | which one less? |
| | | | |
| 5 | His/Her face is smaller on one side | yes / no | right / left? |
| 6 | The back of his/her head is flatter on one side | yes / no | right / left? |
| 7 | has a bald spot | yes / no | right / left? |

Other Remarks

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