



## Plagiocephaly and Torticollis Intake Form

Child's Name: \_\_\_\_\_ Baby's Age: \_\_\_\_\_

Number of weeks at Birth (Term = 40 weeks): \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Type of Birth:     Single                      or             Multiple  
                           Head-down                      or             Breech  
                           Caesarean                      or             Vaginal  
                           Forceps     Suction                      or             Not Applicable

Were there any problems during the delivery/pregnancy .....  No  Yes  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you concerned about your baby's head shape? .....  No  Yes  
 If yes:

- When did you become concerned? \_\_\_\_\_
- Has your baby's head shape improved? .....  No  Yes

Does your baby prefer to keep his/her head to one side or the other? .....  No  Yes  
 If yes:

- At what age did you first notice this? \_\_\_\_\_
- Which side:  Right  Left
- Has your baby's preference to keep his/her head to one side improved since you first noticed it? .....  No  Yes

Have you tried repositioning your baby? .....  No  Yes  
 How?                       Propping with pillows                       Tummy time  
                                   Other: \_\_\_\_\_

Does your baby do any tummy time during the day?.....  No  Yes  
 If yes, how many minutes? \_\_\_\_\_

Sleep/Nap Surface:  Crib     Bassinette     Bed     Swing     Other: \_\_\_\_\_

Has your baby had difficulty with feeding? Explain: \_\_\_\_\_

Has your baby been treated by any other health care professionals? .....  No  Yes

Other important medical information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_