



# Child Birth Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weeks Gestation: \_\_\_\_\_

Labor Induced?: \_\_\_\_\_

Vaginal/Caesarean: \_\_\_\_\_

Hours in Labor: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Weight: \_\_\_\_\_ Lbs. \_\_\_\_\_ Ozs.

Length: \_\_\_\_\_ In.

## APGAR Score

- Heart Rate: \_\_\_\_\_
- Respiratory Effort: \_\_\_\_\_
- Muscle Tone: \_\_\_\_\_
- Response to Stimulation: \_\_\_\_\_
- Skin Coloration: \_\_\_\_\_

Total Score: \_\_\_\_\_

Circumcised?: \_\_\_\_\_

Breastfed?: \_\_\_\_\_

Formula Brand: \_\_\_\_\_

Ages: Sat Up \_\_\_\_\_ Crawled \_\_\_\_\_

Walked \_\_\_\_\_ Talked \_\_\_\_\_

Potty Trained \_\_\_\_\_