SWEDISH PEDIATRICS
Extraordinary care. Extraordinary caring.℠

Supplemental Torticollis Intake Questionnaire

When did you first notice this?

Birth History:

☐ **Full Term** ☐ **Prematurity at _____ weeks gestation**

☐ **Single** ☐ **Twin** ☐ **Triplet** ☐ **Other_____**

Labor: (check all that apply)

☐ Vaginal
☐ C-section
☐ Nuchal Cord
☐ Forceps/Vacuum
☐ Breech
☐ Other:_____

Health of Infant: (check all that apply)

☐ No issues
☐ Jaundice
☐ Reflux
☐ Tongue-tie
☐ Other:_____
☐ Breathing difficulty
☐ Sleep difficulties

Feeding:

☐ **Nursing** ☐ **Bottle** ☐ **Cup**

Does/did your child have difficulties with feeding? ☐ Yes ☐ No

If yes, please briefly explain:

Sleep:
Location:

☐ Crib ☐ Bassinet ☐ Co-sleep ☐ Other: _____

Position:

Longest sleep stretch: _____ hours

Spends Most of the Day (position)

- ☐ On back
- ☐ On tummy
- ☐ Held
- ☐ Carrier
- ☐ Car seat
- ☐ Swing
- ☐ Bouncer seat
- ☐ Other: _____

Amount of Time Spent on Tummy Per Day: