

Premier Pediatrics Newborn-WCC 4 weeks

Concerns today: None Describe if any :

Please skip following questions if your baby was seen by us before or you have answered them before :

Pregnancy complications or concerns: none _____

Delivery complications or concerns: none _____

Delivery at : hospital home birthing center Delivery mode vaginal C/sec Vacuum assist

Pregnancy duration: Full term Preterm ___ wks NICU stay none ___ days/wks Birth Wt : ___ lbs

Did mom use nicotine, drugs, alcohol or prescription meds during pregnancy (circle) ? yes no

Maternal labs: Blood type A B AB O Rh: pos neg
GBS neg pos Syphilis: neg pos GC/Chl: neg pos
Hep B: neg pos HIV: neg pos Rubella: immune non-immune
Herpes : neg pos PPD: neg Pos all labs were negative per mom

Intrapartum (during delivery) antibiotics? no yes

Infant data : Blood type A B AB O Rh: Pos neg Coomb's test : pos neg

APGAR score _____ @ 1 min , _____ 5 min Infection evaluation : no yes

Discharge bilirubin : _____ Hep B vaccine at birth: no yes

Eye ointment at birth no yes Vitamin K at birth no yes

Hearing test passed B/L failed Newborn screening /PKU done not done

ROS:

Feeding: Breast Formula Both Frequency &: Volume : _____ oz every _____ hrs on demand

Diapers in 24 hrs : _____ wet _____ stool _____ mixed _____ Sleeps on back? yes no

Breathing normal yes no Skin color normal yes no

Equal movements of all extremities yes no Hand grasp ? yes no

Hearing: startles with loud noise yes no

Medications: none _____ **Allergies:** none _____

Family Hx non-contributory congenital anomalies, genetic, metabolic or chromosomal disorders

Describe if anything else important: _____

Social Hx Infant lives with both parents Mom other: _____

Household tobacco exposure : no yes Is mom depressed ? no yes

Parent signature :

Date: