

KIDS HEALTH ALLIANCE 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: