California Pediatrics
Come grow with us

Newborn Visit

Name
DOB
Room

Birth Weight	Length	T
Weight Today	OFC	HR
Weight Change		RR
%Weight Change		O2

Medical History

Complications during pregnancy?	No	Yes	
Medications during pregnancy?	No	Yes	
At how many weeks of gestation was your baby born?			
Type of delivery?	Vaginal	C-Section	Reason:
Complications during delivery?	No	Yes	
Did your baby receive Vitamin K injection?	Yes	No	
Did your baby pass his/her hearing screen?	Yes	No	

Nutrition/Elimination

What type of milk does your baby drink?	Breast Milk	Formula	
Does your baby sweat excessively or turn blue/pale with feeding?	No	Yes	
How many wet diapers in the last 24 hours?	7 to 10	4 to 6	<4
What color are your baby's stools?	Yellow	Green/Brown/Black	

Development/Safety

Do you feel that your baby sees well?	Yes	No	
Do you feel that your baby hears well?	Yes	No	
Can your baby lift his/her head, even briefly?	Yes	No	
In what position does your baby sleep?	Back	Side/Tummy	
Do you use a rear-facing carseat for your baby?	Yes	No	
Any smokers at home?	No	Yes	
Do all family members have an up-to-date Tdap vaccine?	Yes	No	

Family History

Asthma?	No	Yes
High blood pressure?	No	Yes
Diabetes?	No	Yes

Social History

Who does your child live with?	Both	Mom/Dad	Other
Are mom and dad…	Married	Divorced/Separated	
Number of siblings?			

Followup D/W/M
Reason:

□EHR