Well Child Visit: Newborn

Name: _____ **DOB:** _____ **Date:** _____

Current Medications	Drug Allergies	Accompanied By

Age □ M □ F	Ht.	Wt.	HC	HR	Resp.	Temp.	Interpreter: Y / N

Past Medical History

Gestational age: _____weeks
Birth weight:_____ Discharge weight:_____
Mode of delivery: _____
Hep B (maternal): □ Pos □ Neg □ Unk
Hep B (child) vaccine: ___/___/_____

Interval History

Elimination: □ NL _____
Behavior: □ NL _____
Car seat rear-facing: □ Yes □ No
Sleep: □ NL_____
□ Back to sleep □ Sleeps in own crib

Newborn Screening(s)

Newborn blood screening: □ NL _____
Bilirubin screening: □ None
Transcutaneous Bilirubin: _____
Serum Bilirubin: _____
Newborn hearing screen: □ NL _____
Critical congenital heart defect screening, using pulse ox, after 24 hours, but prior to discharge: □ NL _____

Nutrition

□ Breastfeeding □ Supplementing / both
□ Formula (type): _____
Frequency: _____
Water Source: _____ Vitamin: _____
Concerns:_____

Social / Family History

Lives at home with:_____
Parents adjusting: □ Yes □ No _____
Maternal Depression: □ Yes □ No _____
Tobacco smoke exposure: □ Yes □ No_____
Significant Family Medical History: □ Yes □ No_____

Growth-Development

Cognitive: □ NL _____
- Follows face to midline

Language: □ NL _____
- Turns and calm to parent's voice

Physical: □ NL _____
- Able to suck, swallow, and breathe; strong root reflexes

Social: □ NL _____
- Stretches of sleep

Parental concerns: _____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD)
□ **Head** (Fontanelle NL, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs NL, orients to sound, voices)
□ **Nose** (Mucosa NL, patent)
□ **Mouth** (MMM, palate intact, tongue/frenulum NL , no lesions)
□ **Neuro** (Tone, symmetry, strength all NL)
□ **Heart** (No murmurs, + femoral pulses)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Umbilical cord NL)
□ **Skin** (No rashes, no jaundice)
□ **Extremities** (Full ROM, strength/tone NL, no Ortolani or Barlow sign)
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions, testes ↓)
Female (No adhesions, labia/clitoris NL, no discharge)

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development
□ IMMS UTD
□ IMMs due

Anticipatory Guidance

□ **Family Transition** (Sleep when baby sleeps, baby blues, routines, support network, importance of receiving postpartum care for mother)
□ **Safety** (Back to sleep, car seats, second-hand smoke, crib safety, water temperature, smoke detectors, no shaking)
□ **Nutrition** (Feeding cues, burping, do not prop bottle, wet/dirty diapers per day, lactation counseling)
□ **Newborn Care** (Cord care, circumcision care, frequent hand washing, skin care, emergency readiness)

Plan

□ Hep B Vaccine
□ Education handout given

Next Appointment: _____ **Signature:** _____ **Date:** _____

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Name: _____ **DOB:** _____ **Date:** _____

Notes:

Next Appointment: _____ **Signature:** _____ **Date:** _____