

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____

UNDER 1 MONTH

| | | | | | |
|--|--|--|---|-------------------|--------|
| NURSING INTAKE | | | | | |
| Height: | Weight: | H.C.: | Temp.: | Heart Rate: | Resp.: |
| Allergies: | | | Growth charts completed: [] | | |
| Abuse: | | | Notes: | | |
| Alternate health care provider? | | | MA Signature: | | |
| BIRTH HISTORY G ____ P ____ | | | INTERVAL HISTORY | | |
| Pregnancy complications: | | | Feedings: Breastfeed or bottle | Has WIC: Yes / No | |
| Birth weight: Lb. | Oz. | Apgar | Stools: | TB Risk: Yes / No | |
| Perinatal complications: | | | Cord: | | |
| Family hx of childhood hearing impairment: | | | Circumcision: | | |
| Vag/C-section | | | Infant sleeping position: | | |
| Hep B given in hospital? | | Date: | Exposure to tobacco smoke: | | |
| Immunization registry done at hospital? [] Yes [] No | | | Is mother getting enough sleep? | | |
| PARENTAL CONCERNS: | | | | | |
| | | | | | |
| GROWTH-DEVELOPMENT | | | | | |
| [] Prone, lifts head briefly | | | [] Turns head side to side | | |
| [] Moro reflex | | | [] Blinks at bright light | | |
| | | | [] Responds to sound | | |
| PHYSICAL EXAMINATION | | | | | |
| General Appearance [] Well nourished and developed | | Heart [] No murmurs, regular rhythm | | | |
| [] No abuse/neglect evident | | Lungs [] Breath sounds normal bilaterally | | | |
| Head [] Symmetrical, A.F. open _____ cm | Abdomen [] Soft, no masses, liver & spleen normal | | | | |
| Eyes [] Conjunctivae, sclerae, pupils normal | Genitalia: Male [] Normal appearance, circ./uncirc. | | | | |
| [] Red reflexes present | [] Testes in scrotum | | | | |
| [] Appears to see [] No strabismus | Female [] No lesions, nl. external appearances | | | | |
| Ears [] Canals clear, TMs normal | Hips [] Good abduction | | | | |
| [] Appears to hear | Femoral pulses [] Present and equal | | | | |
| Nose [] Passages patent | Extremities [] No deformities, full ROM | | | | |
| Mouth & pharynx [] Normal color, no lesions. | Skin [] Clear, no significant lesions | | | | |
| Neck [] Supple, no masses palpated | Neurologic [] Alert, moves extremities well | | | | |
| ASSESSMENT: | | | | | |
| | | | | | |
| | | | | | |
| PLAN: | | | | | |
| | | | | | |
| | | | | | |
| ORDERS: [] Hep B [] Obtain newborn hospital records and newborn screen | | | | | |
| [] WIC referral given | | | [] Newborn metabolic screen (if not previously done) | | |
| ANTICIPATORY GUIDANCE: Circle if discussed | | | | | |
| Diet: Breast vs. formula feeding, burping, no other p.o. intake, no bottle recumbent, WIC. | | | | | |
| Behavior: Feeding, sleeping, crying, hiccups, stools, sneezing. | | | | | |
| Injury and violence prevention: Falls, ability to roll, smoke detector, burns from hot liquids, lead, poisoning prevention phone number, locked cleaning supplies and medications, gun safety. | | | | | |
| Guidance: Spoiling, sibling relationships, diaper rash, circ. care, cord care, suctioning, protection from infection, tooth care, pacifier, smoking at home, stimulating with hanging objects and bright colors, thermometer use, call MD for fever, sun screen, infant car seat, crib safety, infant sleeping position. | | | | | |

[] Refer to appropriate agency.

Does mother have a post-partum visit between 4 to 8 weeks? Yes/No

Next appointment [] 1 months or _____ MD Signature _____ Date _____