



### PEDIATRIC NEWBORN RECORD

Dear parents: Welcome to our office. Please complete this form, as it will help us learn more about your child and give your child a better examination.

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Was your child seen in the hospital by one of our physicians? (Y/N) \_\_\_\_\_

#### SECTION A: CURRENT INFORMATION

1. List any questions or problems that concern you: \_\_\_\_\_  
\_\_\_\_\_

2. FEEDING: Breast (Y/N) \_\_\_\_\_ Formula (Y/N) \_\_\_\_\_ Brand of formula \_\_\_\_\_

a. Is your child taking vitamins? (Y/N) \_\_\_\_\_ If yes, what type? \_\_\_\_\_

b. Is your child taking supplemental iron? (Y/N) \_\_\_\_\_

#### SECTION B: PAST HISTORY

1. Did you experience any unusual illness or complications during pregnancy? (Y/N) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2. Where was your baby born? Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

3. Name of doctor or midwife who delivered your baby: \_\_\_\_\_

4. What was your baby's birth weight? \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

5. Did your baby experience difficulties during the newborn period? (Y/N) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION C: FAMILY HISTORY

1. Is this child's father living? (Y/N) \_\_\_\_\_ Age? \_\_\_\_\_ In good health? (Y/N) \_\_\_\_\_

Is this child's mother living? (Y/N) \_\_\_\_\_ Age? \_\_\_\_\_ In good health? (Y/N) \_\_\_\_\_

2. Number of other children in family: \_\_\_\_\_ Ages of children? \_\_\_\_\_

3. Are your other children in good health? (Y/N) \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do any family members have a history of diabetes, convulsions, tuberculosis, asthma, allergies, migraines, developmental delays, recurring ear infections, or anemia? (Y/N) \_\_\_\_\_

\_\_\_\_\_ If yes, please circle.

5. Please list any additional medical conditions in your family not listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there significant family or marital problems? (Y/N) \_\_\_\_\_

6. Are there significant problems in income, housing, or sleeping arrangements for your child? (Y/N) \_\_\_\_\_ Other problems? (Y/N) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Last grade in school completed by mother: \_\_\_\_\_ by father: \_\_\_\_\_
8. Do the adults in the family usually agree on the rearing of the child? (Y/N) \_\_\_\_\_