Newborn Well Child Visit

Baby's Name: _____ Baby's Age: _____ Date: _____

Person completing the form: _____ Relationship to the patient: _____

Has your child had any illnesses, hospitalizations, or surgeries since last visit here? (YES) (NO)

Perinatal History:	**Yes**	**No**
Was your baby born on time?	☐	☐
Were there any problems during your pregnancy?	☐	☐
Were there any problems or complications during/after delivery?	☐	☐
Was your baby breech at any point during your pregnancy?	☐	☐
Did your baby need oxygen or antibiotics?	☐	☐
Did your baby receive the first hepatitis B shot?	☐	☐
Did your baby pass a hearing test?	☐	☐

Nutrition:	**Yes**	**No**
What was your baby's birth weight? _____		
Weight at hospital discharge, if known? _____		
Is your baby feeding well?	☐	☐
Is your baby breastfed?	☐	☐
• If yes, how often? _____		
Are you offering anything else to your baby to eat or drink?	☐	☐
Is your baby formula fed? If yes:	☐	☐
• What formula? _____		
• How many ounces per feeding? _____		
• How often? _____		

Family and Social History:	**Yes**	**No**
Are there any major illnesses in the family?	☐	☐
Who lives in the home with you?		
Do you feel that you have enough support from friends/family/each other?	☐	☐
Are you having a hard time adjusting to your new situation?	☐	☐

Preventative Health/Risk Factors:	**Yes**	**No**
Does your child sleep only on his/her back?	☐	☐
Do you have a crib or bassinet for your baby?	☐	☐
Does your child always ride in a car seat, in the back seat, facing backwards?	☐	☐
Do you, anyone who cares for your child, or anyone in your home smoke?	☐	☐
Are there smoke detectors and fire extinguishers in your home?	☐	☐
• If yes, are they checked yearly?	☐	☐
Do you have a thermometer?	☐	☐

PLACE PATIENT LABEL HERE

Behavioral/Mental Health:	Yes	No
How would you describe your child's temperament?		
Do you have any concerns about how your child is learning, developing and behaving?	☐	☐
Are you interested in enrolling your child in daycare?	☐	☐
• If yes, do you need assistance to find a suitable program?	☐	☐

Developmental Surveillance:	Yes	No
Communicative: Turns and calms to your voice?	☐	☐
Cognitive: Follows your face with his/her eyes?	☐	☐
Physical Development: Lifts head when on tummy?	☐	☐
Can suck, swallow, and breathe easily?	☐	☐