



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	[] Turns head side to side
[] Prone, lifts head briefly	[] Blinks at bright light
[] Moro reflex	[] 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 & 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 _____