



**Newborn Record**

Baby's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Sex: M F

Date/ Time of Birth:	Birth Wt.	SVD Vacuum Forceps C-Section
	Birth notes:	NBS:
PHN:	Lab Results:	Hearing Screen: CCHD:

Date	Location	HR/ RR	Skin/ Colour	Feeding	Urine	Stool	Weight

**Narrative:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10 - 14 Day: Physical Assessment** (Check if normal) Date: \_\_\_\_\_ WT: \_\_\_\_\_ HC: \_\_\_\_\_

- Head  
  Eyes - Red reflex  
  Clavicle  
  Mouth  
  Lungs \_\_\_\_  
  Heart \_\_\_\_  
  Skin  
 Abdomen  
        Hips  
        In males testes descended

Note variations from normal: \_\_\_\_\_

**Final Visit:** Date: \_\_\_\_\_ Age: \_\_\_\_\_ WT: \_\_\_\_\_ HC: \_\_\_\_\_ L: \_\_\_\_\_

- Head  
  Eyes - Red reflex  
  Clavicle  
  Mouth  
  Lungs  
  Heart  
  Skin  
 Abdomen  
  Hips  
        Smiling  
  Cooing  
  Tracking  
  Head control  
 Discuss:  Breastfeeding  
           Immunization schedule  
           Follow on care

Comments and/ or referrals: \_\_\_\_\_