

Name _____ DoB ___ / ___ / ___ Seen with: Mth. Fth. Other _____ Chart #

History (Interval: No Change) **Drug Allergies** Yes No

Breast Formula _____

Current Meds: _____

Past Medical / Family / Social (Interval: No Change)

Full term Premature (#weeks _____) Birth Wt _____ Disch. Wt _____

Apgar _____ Metab. Screen NI Abn Hear. Screen NI Abn

Hx. reviewed by _____

Procedures Hepatitis B Repeat PKU Bilirubin

Anticipatory Guide Gr/Dev. Vit./Nutrition-no honey Sleep (supine) No microwave No shaking Home safety Car seat Ed handouts

Physical Exam NI Abn Describe abn. and pertinent nl. findings.

1. Gen. App. Temp _____ Pulse _____ Resp _____ Head Circ. _____ / _____ %
2. Head / Face / Neck - fontanelle
3. Eyes - red reflex, appears to see
4. ENMT - appears to hear
5. Respiratory
6. Cardiovascular - femoral pulses
7. Chest (breasts, axillae)
8. Abd/Gastro
9. Genitalia (male-testes down), Groin, Buttocks
10. Genitourinary
11. Hem/Lymph
12. Integumentary
13. Back/Mus-Skel - hips
14. Neurological/Psychiatric

Assessment / Plan Normal Exam. Basic instructions provided

Provider Signature _____ Next Visit _____

Birth Date / Time Age Wt / % Ht / % Summary

Referral

1^{to}
mo