NEWBORN

Pediatrics Northwest welcomes you and your family on your journey of getting to know your new baby.

pediatrics NORTHWEST PS Mary Bridge Children's

www.pedsnw.net

Patient Name: _____

Person Filling Out Form: _____

Relationship to Patient: _____

CONCERNS

yes no Do you have any questions or concerns about your child's health, development, or behavior?

MEDICAL HISTORY

yes no Does your child take any medications (daily or as needed)? If so, please list: _____
yes no Has your child had any reactions to medications?
yes no unknown Are there any major illnesses in the family? Which ones? _____
yes no Does the child's main caretaker plan to return to work or school? If yes, when?_____
yes no Has your child had any illnesses, ER visits, hospitalizations, or surgeries that we are not already aware?

NUTRITION

yes no Is your baby breastfeeding?
yes no Is your baby taking any vitamins?
yes no Does your baby take a bottle? If so, what and how much? _____

FAMILY WELL BEING AND PREVENTION

yes no Does your baby always sleep on their back?
yes no Does your child sleep with a bottle, blanket, or pillow in the crib?
yes no Does your child always ride in a rear facing car seat and in the backseat?
yes no Does your child live with anyone who smokes, vapes, or uses e-cigarettes?
yes no Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?
yes no Have those alarms been checked in the past 12 months?

On average, how difficult was it for your family to meet expenses for basic needs like food, housing, and/or utilities in the past year? (Please circle one that most applies):

Never Seldom Some of the time Most of the time

REVIEW OF SYSTEMS *(CIRCLE ANY **CURRENT** CONCERNS YOU WOULD LIKE TO DISCUSS TODAY)*

yes no Eyes (drainage)
yes no Latch or feeding
yes no Coughing, noisy or difficulty breathing, turning blue
yes no Vomiting
yes no Stooling (diarrhea, constipation, or blood in the stools)
In the past 24 hours, how many dirty diapers? _____
yes no Urination (change in frequency, or blood in the urine)
In the past 24 hours, how many wet diapers? _____
yes no Umbilical cord
yes no Extremities (feet, legs, arms, hands)
yes no Excessive crying

DEVELOPMENT (please check the things that your child is currently doing)

Gross motor	[ ] Moves arms & legs equally
Social	[ ] Settles when fed or comforted
Language	[ ] Startles to sound

Thank you for filling out this form.

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