NEWBORN EVALUATION

New England Pediatrics

Baby's Name

Time of Birth: ☐ AM ☐ PM

☐ Male ☐ Female

Date of Birth

NEP Chart Name

Room Number

Attend NEP Prenatal: ☐ Yes ☐ No

RK ☐ AM ☐ TP ☐ JD ☐ EC ☐ GC ☐

Mother's Name

Last First Occupation

Father's Name

Last First Occupation

Address

Street City State Zip

Contact Phone Number

Obstetrician:

Pediatrician to Follow:

N.E.Peds ☐ Stamford ☐ N.C.

Other:

Siblings

Name Age Name Age

Name Age Name Age

Newborn Family History

Pregnancy

Age/G/P:

Weeks Gestation:

Meds/Complications:

Maternal Screen

Blood Type: Mother Baby

Coombs:

HIV:

GBS:

Other:

Hep B:

RUB:

VDRL:

GC:

Chlamydia:

Birth History

Delivery: NSVD ☐ VBAC ☐

C/S FOR ☐

APGARS

1 min.-

5 min.-

WT

LT

HC

Hearing Screen:

L R

Hep B Disc: ☐ Yes

Give Hep B: ☐ No ☐ Yes

Date Given:

Circumcision: ☐ No ☐ Yes

Permit Obt: Initial

Block: By:

Feeding Plan: ☐ Breast ☐ Bottle

Mom to Work: ☐ No ☐ Yes

When:

Child Care Plans:

Hospital Course:

Daily Weights Grams Lbs.

Day 1

Day 2

Day 3

Day 4

Admission Findings / Clinical Course:

Date Lab/Test Result

Discharge

Discharge Date:

D/C WT:

D/C DX:

First Visit To Be:

Discharge Guidelines Given: ☐ Yes ☐ No

Enroll baby Reminder: ☐ (Name of Insurance Plan)

Rosemary Klenk, MD • Alan Morelli, MD • Todd Palker, MD • Jason Davis, MD • Elizabeth Cipolla, MD • Gretchen Crist, MD

NEW CANAAN • 183 Cherry Street, 06840 • 203.972.5232 • FAX 203.972.5234 • STAMFORD • 166 West Broad Street, 06902 • 203.323.1770 • FAX 203.348.1501 • www.nepeds.com