Name_____ Date ___/___/___

THIS SECTION TO BE COMPLETED BY PARENT

Pregnancy History

Was pregnancy... ☐ Full term ☐ Premature (# of weeks_____)

Were there any complications during pregnancy? ☐ Yes ☐ No

Were there any complications during labor? ☐ Yes ☐ No

Were there any complications during delivery? ☐ Yes ☐ No

Birth History

Birth weight _____ Hospital discharge weight _____ Apgar _____

Did your baby have any complications after delivery? ☐ Yes ☐ No

Neonatal History

Are you concerned about your baby's...	YES	NO
1. feedings ☐ Breast ☐ Formula _____	☐	☐
2. excessive spitting or vomiting	☐	☐
3. bowel movements	☐	☐
4. straining with stools	☐	☐
5. straining or crying with voiding	☐	☐
6. nasal stuffiness	☐	☐
7. skin color or skin rashes (circle)	☐	☐
8. excessive crying	☐	☐
9. lack of response to your face or voice	☐	☐
10. lack of response to a loud noise	☐	☐
11. body movement, especially extremities	☐	☐
12 sleep habits	☐	☐
13. Does he/she sleep on back?	☐	☐
14. Is your child exposed to cigarette smoke?	☐	☐
15. Do you have any help with the baby?	☐	☐
16. Are you getting enough rest?	☐	☐
17. Have you been sad, depressed or crying excessively?	☐	☐
18. Does your child ride in a rear-facing safety seat?	☐	☐
19. Do you know infant CPR?	☐	☐
Do you have any concerns you wish to discuss?	☐	☐

_____ _____

Parent's Signature Date

Parent's section reviewed by_____

History

☐ Previous concerns, consults and procedures reviewed

Metabolic Screening ☐ Nl. ☐ Abn. Hearing Screening ☐ Nl. ☐ Abn.

(Interval: ☐ No Change) Concerns _____

Current Medications _____

Drug Allergies ☐ Yes ☐ No _____

Past / Social / Family History (Interval: ☐ No Change)

Provider Comments _____

Anticipatory Guidance

General	*Nutrition*	*Injury Prevention*
☐ Growth /Dev.	☐ Breast	☐ Car seat
☐ Stools/Urine	☐ Formula	☐ Falls
☐ Sleep (on back)	☐ Solids (4-6 Mo.)	☐ No strings around neck
☐ Sleep in bed alone	☐ Vitamins	☐ No shaking
☐ Crib/Mattress	☐ No honey	☐ Burns-hot water
☐ Pacifier use	☐ No bottle prop	☐ Smoke alarms
☐ Ed. Handouts	☐ No microwave	☐ Gun safety