



Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

**UNDER 1 MONTH**

<b>NURSING INTAKE</b>					
Height:	Weight:	H.C.:	Temp.:	Heart Rate:	Resp.:
Allergies:			Growth Charts Completed: [ ]		
Abuse:			Notes:		
Alternate health care provider?			MA Signature		

<b>BIRTH HISTORY</b> G ____ P ____			<b>INTERVAL HISTORY</b>		
Pregnancy complications:			Feedings: Breastfeed or Bottle	Has WIC: Yes / No	
Birth weight: Lb.	Oz.	Apgar	Stools:	TB Risk: Yes / No	
Perinatal complications:			Cord:		
Family hx of childhood hearing impairment:			Circumcision:		
Vag/C-Section			Infant sleeping position:		
Hep B given in hospital?		Date:	Exposure to tobacco smoke:		
Immunization Registry done at hospital? [ ] Yes [ ] No			Is mother getting enough sleep?		

**PARENTAL CONCERNS:**

<b>GROWTH-DEVELOPMENT</b>	[ ] Turns head side to side
[ ] Prone, lifts head briefly	[ ] Blinks at bright light
[ ] Moro reflex	[ ] Responds to sound

<b>PHYSICAL EXAMINATION</b>					
General Appearance	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm		
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally		
Head	[ ] Symmetrical, A.F. open ____ cm	Abdomen	[ ] Soft, no masses, liver & spleen normal		
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genitalia: Male	[ ] Normal appearance, circ./uncirc.		
	[ ] Red reflexes present		[ ] Testes in scrotum		
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl. external appearances		
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction		
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal		
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM		
Mouth & pharynx	[ ] Normal color, no lesions.	Skin	[ ] Clear, no significant lesions		
Neck	[ ] Supple, no masses palpated	Neurologic	[ ] Alert, moves extremities well		

**ASSESSMENT:**

**PLAN:**

<b>ORDERS:</b> [ ] Hep B	[ ] Obtain newborn hospital records and newborn screen
[ ] WIC Referral given	[ ] Newborn Metabolic Screen (if not previously done)

**ANTICIPATORY GUIDANCE: Circle if discussed**  
 Diet: Breast vs. formula feeding, burping, no other p.o. intake, no bottle recumbent, WIC  
 Behavior: Feeding, sleeping, crying, hiccups, stools, sneezing  
 Injury & Violence prevention: Falls, ability to roll, smoke detector, burns from hot liquids, lead, poisoning prevention phone number, locked cleaning supplies and medications, gun safety.  
 Guidance: Spoiling, sibling relationships, diaper rash, circ. care, cord care, suctioning, protection from infection, tooth care, pacifier, smoking at home, stimulating with hanging objects and bright colors, thermometer use, call MD for fever, sun screen.  
 Infant car seat, crib safety, infant sleeping position.

[ ] Refer to appropriate agency.  
 Does mother have a post-partum visit between 4 to 8 weeks? Yes/No  
 Next appointment [ ] 1 months or \_\_\_\_\_ MD Signature \_\_\_\_\_ Date \_\_\_\_\_