

# Newborn Information and Medical History



Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Does mother live with Child?  Yes  No Does father live with child?  Yes  No

Legal Guardian Name \_\_\_\_\_ Siblings Names/Birthdates: \_\_\_\_\_

Is the child adopted?  Yes  No \_\_\_\_\_

Is the child in foster care?  Yes  No \_\_\_\_\_

Mother's age at birth \_\_\_\_\_ Father's age at birth \_\_\_\_\_

Birth Hospital \_\_\_\_\_

Type of delivery  Vaginal  C-section

Birth weight \_\_\_\_\_ lbs \_\_\_\_\_ oz Weight on day of discharge \_\_\_\_\_ lbs \_\_\_\_\_ oz

APGAR scores if known \_\_\_\_\_ 1 min \_\_\_\_\_ 5 mins

Number of day's baby stayed in the hospital after birth \_\_\_\_\_

Do you feel sad or depressed since the birth of the baby?  Yes  No  Not sure  I'm not the birth mother

Birth History	Yes	Please give details
Was baby born early?		How many weeks?
Did baby need any help breathing after delivery?		
Did/does the baby have jaundice(yellow skin)?		
Did baby spend any time in Newborn Intensive Care(NICU)?		
Were forceps or vacuum used to deliver baby?		
Was a heart murmur present at delivery?		
Does baby have any unusual birthmarks or skin tags?		
Does baby have any conditions diagnosed <i>before</i> birth?		
Was baby born outside of tradition hospital? (home, birthing center, car, etc.)		
Did baby receive the first hepatitis B vaccine?		
Did baby pass the hearing screen in the hospital?		

## Pregnancy History

While pregnant with <i>this</i> child did the mother	Yes	When	Explain (include dates if known)
Drink alcohol/beer?			
Smoke cigarettes?			
Use illicit drugs? (marijuana, cocaine, etc.)			
Take medications other than vitamins?			
Have diabetes?			
Test positive for Group B strep?			
Have any other illnesses or disease?			
Have any contractions?			
Have prescribed bed rest?			
Suffer physical or emotional abuse?			
Have any other complications?			

