

**NEWBORN QUESTIONNAIRE**

Baby's First & Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

At which **hospital** was baby born? \_\_\_\_\_ City \_\_\_\_\_

Gestational Age (in weeks) \_\_\_\_\_ **Birth weight** \_\_\_\_\_

Discharge date from the hospital \_\_\_\_\_ Weight at the discharge \_\_\_\_\_

Any complications/**problems when you were pregnant**: None / yes ( Please specify below)

**Delivery type**: Vaginal / C -section Reason for C-Section: \_\_\_\_\_

Was baby in **breech presentation** (Baby will need Hips Ultrasound if yes): Yes / No

Any **problems after birth**? Was baby admitted to **NICU**: No / Yes- Please give details below

Did baby have **jaundice** in the nursery: Yes / No Did baby got **phototherapy** (Light) for jaundice: Yes / No

What was baby's maximum bilirubin level in the hospital? \_\_\_\_\_

Has anyone stated that there is problem with baby **hip joints**, baby has hip click? Yes / No

Has anyone stated that there is any other problem with the baby: None / yes ( Please specify below)

Did baby pass **hearing test** in both ears: Yes / No

Did baby get **Hep-B** Vaccine in the hospital Yes / No Did baby get **Vit-K** injection: Yes / No

Do you have any other children with our practice: No / Yes ( Please specify below)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

**PLEASE SPECIFICALLY ASK THE FRONT DESK STAFF TO LINK BABY TO EXISTING CHILDREN'S ACCOUNT AND NOT TO CREATE A NEW ACCOUNT.**

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