



# ABC Pediatrics

## Two Week Pre-visit Questionnaire

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Bathes: (Every other day) (Daily)

**Feeding Routine (circle): Breast feeding    Bottle Feeding    Both**

Formula: \_\_\_\_\_ Ounces per feeding? \_\_\_\_\_ Every how many hours? \_\_\_\_\_

# of stools Daily \_\_\_\_\_ # of voids Daily \_\_\_\_\_ # of hours sleeping at ONE time \_\_\_\_\_

Cord still attached? \_\_\_\_\_ Comments \_\_\_\_\_

Circumcision concerns: \_\_\_\_\_

### Feeding Concerns:

\_\_\_\_\_

Over the past 2 weeks have you felt depressed, hopeless, or felt like you've lost interest in doing things? \_\_\_\_\_

Have there been any major changes in your family recently other than your baby's birth? \_\_\_\_\_

### Developmental Milestones (circle all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blinks in reaction to bright light | <input type="checkbox"/> Lifts Head        | <input type="checkbox"/> Moves Symmetrically |
| <input type="checkbox"/> Follows objects to midlines        | <input type="checkbox"/> Responds to sound |  |

**Any other questions or concerns you would like to discuss?**

\_\_\_\_\_  
\_\_\_\_\_

Weight \_\_\_\_\_ Temp \_\_\_\_\_ Height \_\_\_\_\_ Head Circumference \_\_\_\_\_