ABC Pediatrics

# Newborn Pre-visit Questionnaire

Patient Name________________________ Date________________

Sponge bathing every _____day(s)

**Feeding Routine (circle one): 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_____

Umbilical cord still attached? ___________ Comments______________________

Circumcision concerns if applicable? ____________________________________________

**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 (check all that apply)**

- ☐ Responds to sounds
- ☐ Vocalizes Coos
- ☐ Blinks in reaction to light
- ☐ Follows Objects to midline

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

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Weight______ Temp_________Height_______ Head Circumference________

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