



# 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)**

- Cries with discomfort
- Makes brief eye contact
- Turns head to side while on belly
- Holds fingers closed
- Calms to adult voice
- Reflexively moves arms and legs
- Grasps reflexively

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

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

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