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)

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

Any other questions or concerns you would like to discuss?

_____

Weight_____ Temp_____Height_____ Head Circumference_____

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