

## Newborn

Baby's Name \_\_\_\_\_

How many days old is this baby?

What # baby is this for the family?

Since birth the baby has been fed:  
only at the breast   only the bottle   breast and bottle   other

In the last 24hrs the baby has fed:  
fewer than 8 x's   more than 8 x's   constantly   not well

In the last 24hrs, how many BM's (poops) has the baby had?  
none   1   2   3   4 or more

What was the most recent poop like?  
black and sticky   brown   thick   yellow   runny

Is mom or baby on any medications or "lights?"

Where was the baby born?

What was the birth weight?

Were there any problems with pregnancy or delivery?  
vaginal or C/S?

What doctor saw baby at the hospital?

Did the doctor have concerns about the baby?

Did the hospital give you any papers for us?

Did the baby get the 1st Hepatitis B vaccine yet?  
yes                      no

Do you have any questions or concerns about your baby? (if yes, please list)