Mid-City Pediatrics

8250 Kenwood Crossing Way, Suite 205 ♥ Cincinnati, OH 45236
7777 University Drive, Suite D ♥ West Chester, OH 45069
Phone 513.948.8444 ♥ Fax 513.948.0756

NEWBORN QUESTIONNAIRE

Patient's Name _____ D.O.B. _____ Age _____ Today's Date _____

History:

Did you have any problems with your pregnancy/ delivery? If yes, please describe. (infections, premature labor, etc.)

_____

Type of delivery: ☐ Vaginal ☐ C-section Date of Hepatitis B vaccine: _____

Birth Hospital: _____ Birth Weight: _____ Length: _____

Were there any problems in the nursery? (jaundice, fever, feeding or breathing problem, intensive care, etc.)

_____

Did a Mid-City pediatrician see your baby in the hospital? ☐ Yes ☐ No

Nutrition:

Breastfeeding _____ minutes, every _____ hours, _____ times a day. Vitamins? ☐ Yes ☐ No

Formula _____ ounces, every _____ hours. Name of formula _____

Other (any cereal, water, etc.)? _____

Is your baby spitting up or vomiting? If yes, how many times a day? _____

How many stools a day? _____ Color and consistency? _____

How many wet diapers in 24 hrs? _____

Any problems with feeding, urine output or bowel movements?

_____

Behavior:

Where does your baby sleep? (crib, parent's bed, other) _____

What position? (back, side, stomach) _____

Does your baby have bad crying spells? ☐ Yes ☐ No

Does your baby respond to sound? ☐ Yes ☐ No

Does your baby follow you with his/ her eyes? ☐ Yes ☐ No

Does your baby lift his/ her head momentarily? ☐ Yes ☐ No

Safety:

Do you use an infant car seat? ☐ Yes ☐ No What position is it in? ☐ Rear-facing ☐ Forward-facing

Do you have a working smoke detector? ☐ Yes ☐ No

Does anyone in your house smoke? ☐ Yes ☐ No Is there a gun in your home? ☐ Yes ☐ No

Who lives in your house? _____

Has anyone physically abused or threatened you or your children? ☐ Yes ☐ No

Parental Health:

Has your baby been exposed to any illnesses? If yes, what? _____

Are you feeling overwhelmed or depressed? ☐ Yes ☐ No _____

Do you have support from family and/or friends? ☐ Yes ☐ No _____

Do you have any questions or concerns about your new baby? _____

_____

_____

Note: You can never be too clean with a new baby. Wash your hands frequently, wash all new clothing before use. Limit your baby's exposure to people, especially for the first three months of his/her life.