

NEWBORN WELL CHILD CARE

At Today's Visit

- We will ask for an update on your baby's health.
- We will discuss your baby's growth and development.
- Your baby will have a physical examination.
- We will confirm whether or not your baby received the first Hepatitis B vaccination in the hospital.
- We will screen for post partum depression using the Edinburgh screening questionnaire.
- You will have an opportunity to ask questions.
- You will receive a copy of our newborn booklet if you have not already received one during your hospitalization*.

Things to Keep in Mind between Now and the Next Visit

▪ **NORMAL GROWTH**

- ▷ Most healthy infants grow in a predictable fashion, following a typical pattern of progression in weight, length, and head circumference. The following are general guidelines regarding growth in infants:

Weight

- ◆ The average baby weights 7 ½ pounds at birth.
- ◆ Term newborns usually regain their birth weight by 10 to 14 days.
- ◆ Newborns gain approximately 1 ounce per day until three months of age.
- ◆ Infants gain about 2/3 of an ounce per day between three and 12 months of age.
- ◆ Infants double their birth weight by four months of age and triple birth weight by one year.

Length

- ◆ The average baby is 20 inches at birth.
- ◆ Infants grow 10 inches during the first year of life (1 inch per month between 0 and 6 months and ½ inch per month between 7 and 12 months of age).

Head circumference

- ◆ The average head circumference at birth is 35 cm.

- ◆ An infant's head circumference increases as the skull expands to accommodate underlying brain growth.
- ◆ Head circumference increases approximately 1 cm per month during the first year of life with the most rapid growth occurring during the first 6 months.
- ◆ Brain weight doubles by four to six months and triples by one year of age.

▪ FEEDING

- ▷ *Learning how to feed your baby is an important skill set that all parents must develop in order to ensure healthy feeding patterns in infancy and throughout life. Like any partnership, the feeding relationship takes time, requires interaction, self-awareness, trust, and a desire to learn one another's needs. From birth, your baby is well equipped to communicate her basic feeding needs to you. She can and wants to actively participate in your newly formed feeding relationship. Let her participate in feeding decisions. She can regulate herself if you let her learn to do so. Trust that although small and seemingly helpless, your baby can be part of a dynamic, healthy feeding relationship.*

Our practice strongly believes in this concept. Challenge yourself to be a great partner in this important relationship with your new baby.

- ▷ At this age, your baby should feed approximately 6-10 times in 24 hours.
- ▷ Breast milk is ideal. If you are breastfeeding, continue your prenatal vitamins or discuss supplemental vitamins for your baby.
- ▷ If your baby is bottle fed, please use iron-fortified formulas only (all formulas are iron fortified unless stated as low iron on the label). Unlike your prenatal vitamins, the amount of iron in fortified formulas is not great enough to cause constipation or stomach upset. The use of formulas low in iron may lead to anemia (low red blood cell count) which potentially could be harmful to your infant's health and development.
- ▷ Formulas closest to breast milk are cow's milk based and include Enfamil Lipil, Similac Advance, and Nestle Goodstart. These formulas now have an option with added probiotics (friendly bacteria). Research suggests that probiotics may reduce the rate of gastrointestinal upset in formula fed infants and reduce the potential for developing allergies. All of these formulas are viable alternatives to breast milk. If your family has an allergic tendency (eczema, food or environmental allergies, or asthma), a soy based or hypoallergenic formula may be recommended. If a breast fed baby requires formula, the same recommendations apply. Please avoid changing formulas without discussing it with your provider first.
- ▷ Infants do not require extra water. Breast milk and infant formulas are ideally suited to provide babies with all of their needs (each consists of approximately 90% water). Too much water can potentially be harmful placing an infant at risk for malnutrition or illness.

- ▷ Please do not warm bottles in a microwave. Place a closed bottle in a warm water bath and remove it when the formula is at the desired temperature. Avoid the warming water from entering the nipple on the bottle because it can dilute the formula potentially harming your infant.

- **DEVELOPMENT**

- ▷ ***Each child is unique.*** It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend.
- ▷ ***If you have any concerns related to your child's own pattern of development, please discuss it with your pediatric health care provider.***
- ▷ ***Look for the following characteristics in your infant during the first few weeks of life:***

- Reflexes**

- ◆ Reflexive actions: crying, grasping, yawning, swallowing, sucking, blinking, coughing, gagging, and sneezing
 - ◆ Grasps whatever is placed in hand
 - ◆ Sucks whatever is placed in the mouth
 - ◆ Is startled by sudden noises and movements

- Movement**

- ◆ Jerky, mostly uncontrolled motions
 - ◆ Waves arms, kicks legs, wiggles and squirms
 - ◆ Cannot turn body or support head without assistance
 - ◆ Cannot sit without support
 - ◆ May turn head from side to side while lying on back

- Sleep/Wakefulness**

- ◆ Usually sleeps from 16 to 20 hours per day
 - ◆ Cries and fusses about 1 to 4 hours per day
 - ◆ Is alert and quiet about 2 to 3 hours per day

- Vision**

- ◆ Cannot focus clearly
 - ◆ Sees best at 8 to 10 inches

- Interactive Behaviors and Senses**

- ◆ Smiles spontaneously and unselectively
 - ◆ Discriminates between some smells
 - ◆ Begins to turn in direction of sound
 - ◆ Begins to distinguish the human voice from other sounds
 - ◆ Is more sensitive to high-pitched voices, especially mother's voice
 - ◆ Is best calmed by a soft, rhythmic voice
 - ◆ Cries a lot
 - ◆ Makes tiny gurgling sounds when content

- ◆ Shows preference for the human face

▪ SLEEP

- ▷ The American Academy of Pediatrics (AAP) recommends that all healthy infants sleep on their backs for the first 6 months of life. This 1992 recommendation has reduced the rate of Sudden Infant Death Syndrome (SIDS) by almost 40%. Please refer to the **addendum on sleep position for young infants** for additional information*.
- ▷ Most newborns are sleepy or drowsy for 16 to 20 hours a day.
- ▷ Some wake at fairly regular 2 hours intervals, whereas others may occasionally sleep as long as 4 or 6 hours at a stretch.
- ▷ It's difficult to put infants on a strict schedule, because their circadian rhythm (the internal clock that regulates the sleep/wake cycle over a 24 hour period) is not yet functioning. Circadian rhythms are genetically determined and are influenced by environmental factors. At about 4-6 weeks of age, circadian rhythms begin to develop, and by 4 to 6 months, most babies are on a regular sleep/wake cycle.
- ▷ Sleep patterns in newborn infants are different from those in older children and adults. Babies have more rapid eye movement (REM) or active sleep (dream sleep) than older infants, children, and adults. Your baby initially gets drowsy and then starts to fall asleep. REM sleep ensues, in which the baby may twitch or jerk his arms or legs, and his eyes move under his closed eyelids. Breathing is often irregular and may stop for 5 to 10 seconds, a condition called normal periodic breathing of infancy, and then start again with a burst of rapid breathing at the rate of 50 to 60 breaths per minute for 10 to 15 seconds, followed by regular breathing until the cycle repeats itself. The baby's skin color does not change with the pauses in breathing and there is no cause for concern. (Babies generally outgrow periodic breathing by about the middle of the first year). Next your infant enters light sleep in which breathing becomes more regular and sleep becomes more active. Finally, deep non-REM sleep (also referred to as quiet sleep) begins. Twitching and other movements cease, and your infant falls into sleep that becomes progressively deeper. During these stages, your baby will be very difficult to waken.
- ▷ Good sleep habits can be instilled almost from the very beginning. You may need to experiment a bit, but in general, here's how to begin, even before your baby is ready to sleep for more than a few hours at a time.
 - ◆ Start by helping "set" the sleep/wake cycle of your baby's inborn biological clock. This internal clock takes important cues from the outside world. Your goal is to have the sleep cycle coincide with nighttime. During the day, open the blinds to let daylight in or turn on the lights in the baby's room, even when he is sleeping.
 - ◆ Expose the baby to normal levels of daytime noise. Don't feel you have to whisper and tiptoe around. When a baby is tired, she'll sleep through a normal amount of noise. But if she becomes used

to a super-quiet environment, she may become overly sensitive to noise, and every little nighttime sound will waken her.

- ◆ During the day, encourage your baby to stay awake for longer periods. Use this time to cuddle, play with, and get to know your baby. If he spends most of the day sleeping and is awake most of the night, try to reverse the pattern by waking him to eat and play during the day.
- ◆ As evening approaches, switch to a dimmer and quieter environment. Spend less time playing and giving extra attention. Put your baby to sleep in a darkened, quiet room. Your baby is still likely to wake up every 2 or 3 hours, but given the right environmental cues, this should begin to change in a few weeks. Your baby will be more awake and active during the day, and the nighttime sleep periods will become a bit longer. By 6 to 8 weeks, some babies start skipping one of the nighttime feedings.
- ▷ During the first several months, the best way to manage crying is to respond promptly whenever your infant cries. It's impossible to spoil a young baby by giving her attention, if you answer her cries for help, she'll cry less overall. When attending to your crying baby, try to address her most urgent problem first. For example, if she's cold and hungry and has a wet diaper, wrap her to warm her up, change her diaper, then feed her. If her crying has a desperate quality, suggesting she's in pain, quickly look for a source. When your baby is calm again, but still awake, put her back in her crib, say your good nights, and leave the room. If she cries again after you leave, give her a few minutes to settle on her own. Many babies go to sleep more quickly if left for a while. If the crying keeps up, repeat your visits at increasingly longer intervals, but no longer than 10 minutes at a time. Keep the room dim, speak quietly and no more than you have to, and avoid picking your baby up.
- ▷ It's unsafe to place pillows, bulky covers, and large stuffed toys in your young infant's crib. However, there's no harm in tucking a small, soft toy in a corner. Your baby will look forward to seeing its familiar features last thing before he goes to sleep and first thing on waking. By about 6 months, he'll start to play with it. And in time, he may choose it for a transitional object that helps him feel safe, calm, and relaxed for sleep.
- ▷ The American Academy of Pediatrics recommends that doors to sleeping rooms be kept shut at night as a fire safety measure.

▪ ELIMINATION

- ▷ Newborns' stools differ in color, consistency, and frequency. Normal babies may have a bowel movement as seldom as once every 2 days or as often as after each feeding. Initially the stool will be greenish-black and "tar-like." After a few days, stools become yellow, green, brown, or orange depending on the type of feeding (formula versus breast milk). Breast fed infants at 4 – 6 weeks of age may begin to have a bowel

movement only once or twice a week because breast milk is very efficiently absorbed and little by product is left over to form a stool.

- ▷ All babies strain, squirm, make faces and draw their legs up when having a bowel movement. Constipation refers to hard, dry stools which are difficult to pass. Please notify us if you think your baby may be constipated.
- ▷ Wet diapers generally increase by 1 per day of life. Once feeding is established, babies generally have at least six wet diapers per day.

▪ **SAFETY TIPS**

- ▷ ***Avoiding Suffocation and Choking.*** Use a crib with slats no more than 2 and 3/8 inches apart. Avoid the use of soft bedding or soft toys. Use a mattress that fits the crib snugly. Keep plastic bags, balloons, and baby powder out of reach. Mesh netting of playpens should always be in the upright position.
- ▷ ***Preventing Fires, Burns, and Scalds.*** Please make sure your infant's crib is in a safe location and not too close to a heater. Avoid eating, drinking, or carrying anything hot near your baby or while you are holding your baby. Ensure that the water temperature in your home is less than 120°F (50°C). Please refer to the addendum on burn safety for additional information*. Install smoke and carbon monoxide detectors and check them every six months. Keep a fire extinguisher in or near the kitchen. Please do not expose your baby to smoke of any kind. If you smoke cigarettes, try to cut back and set a quit date. Tell your friends you are quitting. Your baby's skin is very sensitive, so please avoid direct sunlight. If your infant must be in the sun, dress him in lightweight clothing that covers his body, including hats with wide brims to shadow his face. Use an umbrella to create shade. Sunscreen should not be applied to infants less than 6 months old.
- ▷ ***Avoiding Falls.*** Never leave your baby when he is up high, such as on a changing table or bed. Make sure that the sides of the crib are always completely up. Infant seats in the home are safe only on the floor. **PLEASE DO NOT BUY OR USE A WALKER.** Please refer to the addendum on the dangers of baby walkers for additional information*. Watch for obstacles and ice. If you fall, so does your baby.
- ▷ ***Car Safety.*** Never leave your baby alone in a car, or alone with siblings or pets. Use an approved infant car safety seat and follow the instructions for proper use. Please refer to the addendums on car safety seats and tips for infant travel for additional information*. Be a good role model for your child by always wearing your seat belt.

▪ **GENERAL NEWBORN CARE**

- ▷ **Bathing**
 - ◆ You may bathe your baby daily, but for the first few months, 2 or 3 times a week is often enough for a full bath. Clean your baby's

drools and spills as they happen and keep the face, hands and diaper area clean.

- ◆ Keep the bath water level below the umbilical area or give sponge baths until a few days after the cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting the cord a little wet doesn't matter.
- ◆ Use tap water without any soap or with nondrying baby soap (Dove or any other fragrance free, moisturizing product). Don't forget to wash the face and neck; otherwise, chemicals from dribbled milk and food can build up and cause an irritated rash. Also rinse off the eyelids with water.
- ◆ Don't forget to wash your infant's genital area. However, when washing inside of the female genitalia (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of bubble baths before puberty may prevent many urinary tract infections and vaginal irritation. At the end of a bath, rinse your baby well; soap residue can be irritating.

▷ **Changing Diapers**

- ◆ Change the diaper promptly after your child wets or has a bowel movement. This limits moisture on the skin. Do not put the diaper on airtight, especially overnight. Keep the diaper loose so that the wet and soiled parts do not rub against the skin as much. Gently clean the diaper area with water. You do not need to use soap with every diaper change or after every bowel movement. Use soap only when the stool does not come off easily. Do not use talcum or baby powder because they could cause breathing problems in your infant. Avoid over-cleansing with wipes that can dry out the skin. The alcohol or perfume in these products may irritate some babies' skin. Please refer to the **diaper rash addendum** if your infant develops a rash*.

▷ **Shampoo**

- ◆ Wash your baby's hair once or twice a week with a special baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanelle (soft spot on the head). It is well protected.

▷ **Lotions, Ointments, and Powder**

- ◆ Newborn skin normally does not require any ointments or creams. Especially avoid putting any oil, ointment, or greasy substance on your baby's skin because this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a fragrance free baby lotion, hand lotion, or moisturizing cream twice a day.
- ◆ Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

- ▷ **Umbilical Cord**
 - ◆ Try to keep the cord dry. Place rubbing alcohol on the base of the cord (where it attaches to the skin) at least twice a day (including after the bath) until 1 week after it falls off. Although using alcohol can delay the separation of the cord by 1 or 2 days, it does prevent cord infections, and that's what is most important. Air exposure helps the cord stay dry and eventually fall off, so keep diapers folded down below the cord area. If you are using disposable diapers, you can cut a wedge out of the diaper with scissors so the cord is not covered.
- ▷ **Fingernails and Toenails**
 - ◆ Cut the toenails straight across to prevent them from becoming ingrown. Round off the corners of the fingernails so that your baby doesn't scratch himself or others.
 - ◆ Trim the nails once a week after a bath, when the nails are softened by the bath. Use clippers or special baby scissors. This job usually takes two people unless you do it while your child is asleep.

- **GENERAL RECOMMENDATIONS**

- ▷ Avoid leaving your child alone, except in a crib.
- ▷ Never shake your baby. Forceful shaking can cause death or permanent injury. Good people when overwhelmed can hurt an infant. Remove yourself from your infant and return only when diffused and calm.
- ▷ Keep your home and car smoke and drug-free.
- ▷ Avoid crowded places such as malls, restaurants, movie theaters, and airplanes for the first 8-12 weeks of your infant's life to reduce the chances of him getting sick.
- ▷ Try to console your baby when he cries. Crying may peak at 6 weeks of age.
- ▷ Hold, cuddle, and rock your baby. Talk and sing to him.
- ▷ The amount of extra sucking babies do when they are not feeding varies. This extra sucking is a beneficial self-comforting behavior. Some babies suck on their thumb or fingers almost constantly. If you have a baby like this, you may want to try to interest him in a pacifier. Another consideration favoring the use of a pacifier is a recent recommendation by the American Academy of Pediatrics (AAP) to encourage pacifier use as a potential method to reduce the risk of SIDS. The recommendation states that the pacifier should be offered to an infant when being placed down for all daytime naps and nighttime sleep for infants up to 1 year of age. For breastfed infants, the recommendation suggests that pacifiers should be introduced after breastfeeding has been well established (generally around 1 month of age). The pacifier can be removed once sleep has been established. Please refer to the **pacifier addendum** for additional information*.

- ▷ Place your infant's head in different positions throughout the day and night in order to prevent it from becoming misshapen or flattened. Please refer to the **flattened head syndrome addendum** for additional recommendations*.
 - ▷ Accept support from family and friends. Learn about parent support groups if needed.
 - ▷ Schedule a postpartum checkup for yourself.
 - ▷ Babies often sound congested at this age. For congestion that interferes with sleep or feedings, gently use a bulb suction device with saline drops. Please call us if your baby develops a fever $\geq 100.4^{\circ}\text{F}$ rectally or trouble breathing. Please refer to **taking a rectal temperature, fever, and nasal saline irrigation addendums** for additional information*.
- **Additional resource(s)***
 - ▷ Jaundice (Newborn)

How to Prepare for the Next Visit

- Keep track of feeding and elimination patterns
- Please bring in questions and observations about your baby that you would like to discuss.

What to Expect at the Next Visit

- Your baby's next well visit will be when he is **two weeks old**.
- Your baby will be weighed to determine if he has regained or surpassed his birth weight.
- Your baby will have a physical examination.
- Your baby will not receive immunizations until 2 months of life.

* = found on our web site

QUESTIONS FOR NEWBORN VISIT

PATIENT NAME: _____

DATE: ____/____/____

Please answer the questions that apply to either your breast milk or formula fed infant.

NUTRITION

BREAST MILK

Do you feel that breast feeding is going well? yes no

Are you: breast feeding exclusively pumping both

YOUR PLAN FOR SUPPLYING BREAST MILK FOR YOUR INFANT INCLUDES:

- exclusively breast feeding pumping and providing breast milk exclusively
 breast feeding and supplementing with breast milk breast feeding and supplementing with formula undetermined

Does your infant self wake for feedings? yes no

Is your infant latching on well? yes no n/a

After the initial latch, does your nipple pain disappear? yes no n/a

Has your milk "come in"? yes no

APPROXIMATE NUMBER OF FEEDINGS IN A 24 HOUR PERIOD:

- 5 6 7-8 9-10 10-12 >12

DOES YOUR INFANT BREAST FEED FROM ONE OR BOTH BREASTS?

- one both N/A

APPROXIMATE AMOUNT OF TIME PER BREAST?

- < 15 minutes 15-30 minutes 30-45 minutes > 45 minutes n/a

Does your infant latch equally well to each breast? yes no n/a

Are you currently taking your prenatal vitamins? yes no

Have you seen or spoken to a lactation consultant? yes no

Are you currently taking any medications to increase your milk supply? yes no

Do you want information about breast feeding support groups? yes no

FORMULA FED

OUNCES PER FEEDING:

- ½ to 1 ounce 1 to 2 ounces 2 to 4 ounces > 4 ounces

FREQUENCY OF FEEDING:

- every 1-2 hours every 2-3 hours every 3-4 hours every 4-5 hours > 5 hours

APPROXIMATE FEEDINGS IN A 24 HOUR PERIOD:

- 5 6 7-8 9-10 10-12 >12

APPROXIMATE TIME PER FEEDING:

- < 15 minutes 15-30 minutes 30-45 minutes > 45 minutes

FORMULA TYPE:

- Enfamil Lipil Nestle Goodstart Prosobee Enfacare Other
 Similac Advance Isomil Nutramigen Neosure

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR NEWBORN VISIT

PATIENT NAME: _____

ELIMINATION

Wet diapers per day: 1-3 4-6 >6

BOWEL MOVEMENTS:

FREQUENCY:

< 3 per day 3-6 per day > 6 per day

COLOR:

black brown green yellow

CONSISTENCY:

hard formed but soft pudding-like seedy and liquid-like liquid-like

SLEEP

Sleeps consecutively for:

1 hour 2 hours 3-4 hours 4-6 hours > 6 hours

Is your infant sleeping on his/her back? yes no

VISION

Do you have any concerns about your infant's vision? yes no

HEARING

Do you have any concerns about your infant's hearing? yes no

SAFETY

Does your infant ride in the car using a rear facing infant car seat? yes no

DEVELOPMENT

Responds to sound by blinking, crying, quieting, changing respirations, or showing a startle response yes no

Responds to your face and voice yes no

Fixates on your face and follows with eyes yes no

Holds head, neck, trunk, arms, and legs in a flexed position yes no

Moves both arms and legs yes no

Lifts head briefly while lying on stomach yes no

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

PEDIATRIC HEALTH FORM

PATIENT NAME: _____

BIRTHDATE: ____/____/____ SEX: _____

SCHOOL: _____ GRADE LEVEL: _____

PROVIDER NAME: _____ DATE: ____/____/____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING ONGOING MEDICAL CONDITIONS, HEALTH CHALLENGES, OR PAST MEDICAL HISTORY?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> NO PAST MEDICAL HISTORY | <input type="checkbox"/> Depression or extreme sadness | <input type="checkbox"/> Heart testing including an EKG, ECHO (ultrasound), Holter monitor, or stress testing | <input type="checkbox"/> Prematurity related complications |
| <input type="checkbox"/> Abdominal pain (frequent affecting quality of life) | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Hernia | <input type="checkbox"/> Seizures/convulsions/neurological problems |
| <input type="checkbox"/> Allergic Rhinitis (an allergic nose) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sickle cell disease or trait |
| <input type="checkbox"/> Asperger's disorder | <input type="checkbox"/> Discipline problems | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Sinusitis (>2/year) |
| <input type="checkbox"/> Asthma or recurrent bronchial problems | <input type="checkbox"/> Eczema | <input type="checkbox"/> High lead level (>10) or at risk for lead exposure (positive screening questionnaire) | <input type="checkbox"/> Socialization problems |
| <input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD) | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> History of abuse | <input type="checkbox"/> Speech/language problems |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Encopresis (fecal soiling) | <input type="checkbox"/> History of tobacco/drug/alcohol abuse | <input type="checkbox"/> Syncope (passing out) |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Enuresis (bed wetting >5 years old) | <input type="checkbox"/> Immunization reaction | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Enuresis (daytime wetting >4 years old) | <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Tonsillitis or throat infections (>3 events/year) |
| <input type="checkbox"/> Blood/bleeding disorder (anemia, hemophilia, other) | <input type="checkbox"/> Epistaxis (nose bleeds >2 events/month) | <input type="checkbox"/> Altered consciousness | <input type="checkbox"/> Tuberculosis history, a positive skin test (PPD), or a risk for tuberculosis exposure (positive screening questionnaire) |
| <input type="checkbox"/> Broken or fractured bone(s) | <input type="checkbox"/> Fine motor problems | <input type="checkbox"/> High fever \geq 105 degrees | <input type="checkbox"/> Upper respiratory infections/colds (>8/year) |
| <input type="checkbox"/> Cancer/leukemia | <input type="checkbox"/> Genetic disorder/syndrome | <input type="checkbox"/> Nonstop, high pitched crying for > 3 hours | <input type="checkbox"/> Urinary/kidney problems or infections |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Gross (large) motor delay | <input type="checkbox"/> Seizures | <input type="checkbox"/> Urticaria (hives) |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Headaches (frequent affecting quality of life) | <input type="checkbox"/> Other | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Croup (>2 events/year in a child under 3 and >1/year in a child >3) | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Learning problems | <input type="checkbox"/> Requiring glasses |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Resulting in temporary hearing loss | <input type="checkbox"/> Nervousness or unusual fears (affecting quality of life) | <input type="checkbox"/> Requiring surgery |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Resulting in permanent hearing loss | <input type="checkbox"/> Other(s) | <input type="checkbox"/> Resulting in permanent visual loss |
| <input type="checkbox"/> Multiple cavities | <input type="checkbox"/> Other(s) | <input type="checkbox"/> Otitis media (>2 ear infections/year) | <input type="checkbox"/> Concerns including crossed eye(s), drooping lid(s), squinting, or difficulty reading |
| <input type="checkbox"/> Chipped tooth/teeth | <input type="checkbox"/> Heart infection | <input type="checkbox"/> Otitis media with effusion (recurrent/persistent water behind one or both ears) | <input type="checkbox"/> Other(s) |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Pneumonia (recurrent) | |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Heart problem | | |
| <input type="checkbox"/> Plate | <input type="checkbox"/> Heart rhythm problem (beating too fast or slow) | | |
| <input type="checkbox"/> Other(s) | | | |

PATIENT NAME: _____

BIRTH HISTORY

LENGTH OF PREGNANCY: Less than 37 weeks (# _____) Over 37 weeks

TYPE OF DELIVERY: Vaginal, normal Vaginal, breech Planned C-section Emergency C-section

Were there any problems with pregnancy, labor or delivery? No Yes **Explain:** _____

Did your child have any problems at birth? No Yes **Explain:** _____

Did your child have jaundice? No Yes

If yes, did your child require any treatment? No Bilirubin Lights Exchange Transfusion

Was your child's discharge from hospital delayed for any reason? No Yes **Explain:** _____

BREASTFED: No Yes If yes, how long? < 3 Months 3-6 Months 6-12 Months >12 Months currently breast feeding

Has your child ever had a serious injury, burn or illness? No Yes **Explain:** _____

Has your child ever spent the night in a hospital? No Yes **Explain:** _____

Has your child ever had surgery? No Yes **Explain:** _____

MEDICATIONS

Is your child currently taking any prescription or non prescription (over the counter) medicines or pills? No Yes

LIST MEDICATIONS BELOW. IF NECESSARY, USE BACK OF FORM TO LIST FURTHER MEDICATIONS. (PLEASE ✓ THOSE MEDICATIONS THAT NEED TO BE GIVEN AND/OR AVAILABLE AT SCHOOL).

MEDICATION	DOSE	FREQUENCY	INDICATIONS

ALLERGY HISTORY

Does your child have any known allergies? No Yes

IF YES, PLEASE LIST THE ALLERGEN(S). THEN PLACE THE NUMBER(S) FOR THE TYPE OF REACTION AND THE LETTER(S) FOR THE TREATMENT RESPONSE REQUIRED AFTER THE NAME OF EACH ALLERGEN.

Allergen	Reaction	Current or past treatment required
Foods: Dairy _____	1. Rash	A. None
Eggs _____	2. Hives	B. Epinephrine Auto-injector
Peanuts _____	3. Eczema	C. Benadryl
Shellfish _____	4. Nasal congestion	D. 911 call
Soy _____	5. Eye swelling	E. Emergency Room visit
Tree Nuts _____	6. Hoarse voice	F. Hospitalizaion
Wheat _____	7. Mouth/tongue swelling	G. Other
Other _____	8. Wheezing	
Insects _____	9. Passed out	
Latex _____	10. Vomiting/diarrhea	
Medications _____	11. Other(s)	
Other(s) _____		

PATIENT NAME:

GENERAL FAMILY HISTORY

- | | | |
|---|--|--|
| <input type="checkbox"/> NO FAMILY HISTORY | <input type="checkbox"/> Death of a family member before age 50 of a heart attack | <input type="checkbox"/> Liver disease (hepatitis, cirrhosis, Wilson disease) |
| <input type="checkbox"/> Acne (scarring) | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Marfan Syndrome |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Diabetes, not on insulin | <input type="checkbox"/> Metabolic disease |
| <input type="checkbox"/> Allergies (Food, Environmental, Animals, Insects, Latex) | <input type="checkbox"/> Diabetes, on insulin | <input type="checkbox"/> Muscle disease (muscular dystrophy) |
| <input type="checkbox"/> Alpha 1 antitrypsin deficiency | <input type="checkbox"/> Dislocated joint(s) | <input type="checkbox"/> Myasthenia gravis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Neurofibromatosis |
| <input type="checkbox"/> Arrhythmia (supraventricular tachycardia, prolonged QT syndrome, WPW syndrome) | <input type="checkbox"/> Eye Problems (amblyopia, cataracts, glaucoma, lazy eye, refractive errors, retinal disease) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Family member having a heart attack before age 50 | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Fragile X syndrome | <input type="checkbox"/> Polycystic kidney disease |
| <input type="checkbox"/> Bleeding disorder (Hemophilia, Von Willebrand disease, platelet abnormality) | <input type="checkbox"/> Growth hormone deficiency | <input type="checkbox"/> Polycystic ovarian syndrome |
| <input type="checkbox"/> Blood disorder (G6PD deficiency, Hereditary Spherocytosis, Thalassemia) | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Pulmonary embolism |
| <input type="checkbox"/> Bone or joint injury | <input type="checkbox"/> Headaches (tension, migraines) | <input type="checkbox"/> Retinoblastoma |
| <input type="checkbox"/> Cancer (breast, ovary, other) | <input type="checkbox"/> Hearing disorder | <input type="checkbox"/> Ricketts |
| <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Celiac disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Seizures/convulsions |
| <input type="checkbox"/> Cholelithiasis (gall stones) | <input type="checkbox"/> Hip dysplasia | <input type="checkbox"/> Sickle Cell disease/trait |
| <input type="checkbox"/> Colitis or other intestinal problems (Crohn's disease or ulcerative colitis) | <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> SIDS |
| <input type="checkbox"/> Congenital anomaly/birth defects | <input type="checkbox"/> Immune disorder (common variable, IgA deficiency, IgG subclass deficiency) | <input type="checkbox"/> Skin disorders (psoriasis) |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Stomach problems (gastritis, gastroesophageal reflux, ulcers) |
| <input type="checkbox"/> Death of a family member before age 50 for no apparent reason | <input type="checkbox"/> Kidney disease (glomerulonephritis, renal failure) | <input type="checkbox"/> Thyroid disorders (Graves' disease, hypothyroidism) |
| | <input type="checkbox"/> Lactose deficiency | <input type="checkbox"/> Tuberos sclerosis |
| | | <input type="checkbox"/> Urinary tract abnormalities |

PATIENT NAME:

ENVIRONMENTAL HISTORY

Lives in: House Townhouse Apartment Mobile Home
 Other _____ Less than 10 years old

Basement: Finished and Dry Finished and Damp Unfinished and Dry Unfinished and Damp

Heating: Forced hot air Hot water radiator Space heater
 Wood burning stove Fireplace Electric baseboard heat

Cooling: Central air conditioning Room air conditioning None

Air filtration unit: Portable air filter Central air filter None

Humidifier: Humidifier on central system Portable humidifier None

Child's bedroom:

Flooring: Carpet Hardwood

Pillow: Feather Foam Polyfill Age of pillow:

Mattress: Regular Waterbed Age of mattress:

Stuffed animals in bedroom: Yes Less than 3

Window coverings: Curtains Venetian blinds

Smokers in the home:

Mother Father Siblings
 Other relatives Total number of smokers in the home:

Pets:

Cats: Yes Indoors Outdoors

Dogs: Yes Indoors Outdoors

Birds: Yes Indoors Outdoors Type _____