



Newborn Health Questionnaire

Name: _____ Current Age _____

Maternal Age and Health during pregnancy: _____

Mom feeling sad? _____

Type of Birth (circle one): Induced or Spontaneous

(circle one): Vaginal or C-section

Birth age (Number of weeks/months when born) _____

Birth Weight _____ Age at discharge(days/hours) _____ Discharge weight _____

Bilirubin level _____ Hours of age when drawn _____

Bilirubin level _____ Hours of age when drawn _____

Delivery/Hospital Complications _____

Feeding/Nutritional History: ___ Breast ___ bottle ___ both

#FEEDS PER 24 HOUR _____

Number of pee and poop per 24 hour period _____

Name of formula: _____

Concerns about feeding: _____

Parental Concerns /Questions: _____



Has Support In Area (Family, Friends) _____

Who lives in the home of the baby _____

Will the baby be:

at home(with whom) _____

with a babysitter(relation,neighbor,nanny) _____

in daycare(when) _____

How old will baby be if going to babysitter or daycare _____

Medical Problems

Medications

Surgical History/Operations

Allergies (medications, dye, any)

Social History- Is there tobacco in the house _____ Are there guns in the house _____

Recent Changes at home _____

Parents are(circle one) Married Partners Separated Divorced

Names _____

Family History

	Living or Deceased	Age	List All Medical Problems
Father			
Mother			
Siblings			

Any siblings with jaundice? Or phototherapy? _____