PEDIATRIC ASSOCIATES OF GREATER SALEM

Newborn Health Summary

DATE _____

BABY'S NAME _____ ❑ Male ❑ Female ❑ Home Delivery

MOTHER'S NAME _____ Occupation: _____ Birthdate_____ Hosp. _____

FATHER'S NAME _____ Occupation: _____ Obstetrician _____

WEIGHT AT BIRTH		LENGTH		HEAD		DISCHARGE WEIGHT	
Grams	Pounds	Cm	Inch	Cm	Inch	Grams	Pounds

MATERNAL HISTORY

Mother's Age_____ Father's Age_____

Grav.	Para	Ab	Stillbirths	E D C	Bld. Grp.	Rh	Serology	Maternal Serum Alpha-fetoprotein	Rubella / Titer	Hepatitis B Surface Antigen (HBsAg)

MOTHER'S PAST GESTATIONAL HISTORY

Medical Problem (See reverse for problem list): _____

Medications: _____ Tobacco Use: _____

Alcohol Use: _____ Drugs (See reverse for drug list): _____

Maternal Weight Gain _____ Maternal Diet: ❑ Regular Diet ❑ Vegetarian ❑ Other

❑ Vitamins & Mineral Supplements _____

❑ Any Dietary Deficiencies _____

Was Prenatal Ultrasound Performed? Yes ❑ No ❑ RESULTS: _____

_____(Additional space over)

Present Ages & Sex of Previous Children

Age	Sex	Age	Sex	Age	Sex	Age	Sex

LABOR & DELIVERY RECORD

Complications - This pregnancy (see reverse for complication list): _____

Membranes ruptured:_____ Hours Character amniotic fluid: ❑ Clear ❑ Meconium

Labor: _____Hours ❑ Spontaneous ❑ Induced

Presentation: ❑ Vertex ❑ Breech

Delivery: ❑ Spontaneous ❑ Precipitous ❑ Forceps ❑ Vacuum ❑ C-Section ❑ Other

Anesthesia/Analgesia:

CONDITION OF INFANT AT BIRTH

Breathed: ❑ Spontaneously_____ Min. after birth ❑ Suction ❑ With stimulation_____ Min. after birth ❑ Oxygen by mask

Apgar Score _____ 1 Min._____ 5 Min. Assisted Ventilation _____ Intubation _____

Number of Umbilical Cord Vessels _____

DIAGNOSIS: ❑ TERM BIRTH LIVING CHILD ❑ PREMATURE BIRTH LIVING CHILD

Major Defects or Handicaps

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

Minor Defects

(1) _____

(2) _____

(3) _____

NEWBORN SCREENING RESULTS:

Phenylketonuria: _____ ❑ Pos. ❑ Neg. Galactosemia ❑ Pos. ❑ Neg.

❑ Congenital Primary Hypothyroidism ❑ Pos. ❑ Neg ❑ Sickle Cell Disease / Trait ❑ Cystic Fibrosis ❑ Maple Syrup Urine Disease

❑ Homocystinuria ❑ Biotinidase Deficiency ❑ Congenital Adrenal Hyperplasia ❑ Toxoplasmosis ❑ Thalassemias ❑ Other _____

FEEDING ❑ Breast ❑ Formula _____

FAMILY MEDICAL HISTORY

Please write in the relationship of the mother's or father's relatives (such as children, brothers, sisters, grandparents, aunts, uncles) who have had any of the conditions listed. Include conditions that baby's mother and father have had.

(x)	CONDITION	RELATIONSHIP	MAT (✓)	PAT (✓)
	Birth Defects			
	Chromosomal Abnormality (Genetic Disease)			
	Obesity / Overweight			
	DES Exposure			
	Congenital Hearing Loss			
	Mental Retardation / Nervous Disorders			
	Migraine Headaches			
	Food Allergies			
	Hay Fever			
	Asthma / Emphysema			
	High Blood Pressure			
	Heart / Valve Trouble			
	Coronary Artery Disease (Note age at death)			
	Stroke			
	Rheumatoid Arthritis / Gout			
	Rheumatic Fever			
	Cancer or Malignacy			

(x)	CONDITION	RELATIONSHIP	MAT (✓)	PAT (✓)
	Metabolic Disease / Thyroid Problem			
	Alcoholism			
	Diabetes			
	Muscular Dystrophy			
	Eye Disease / Glaucoma			
	Cystic Fibrosis / Lung Disease			
	Tuberculosis			
	Anemia / Blood Disorders			
	Bleeders / Hemophilia			
	Convulsive Disease (Epilepsy)			
	Hepatitis / Gall Bladder Disease			
	Peptic Ulcer / Colitis / Irritable Bowel			
	Venereal Disease			
	Kidney Problems (1) Infections			
	(2) Malformations			
	AIDS / ARC / HIV POSITIVE			

THE SECTIONS BELOW APPLY ONLY TO THE MOTHER.
PLEASE ANSWER BY CHECKING YES ☑ OR NO ☑ IN APPROPRIATE BOXES.
LIST ALL POSITIVE RESPONSES IN APPROPRIATE SPACES ON THE FRONT OF THIS PAGE.

COMPLICATIONS THIS PREGNANCY

CONDITION	NO	YES
MULTIPLE BIRTHS 2 - 3 - 4 - 5	☐	☐
PREVIOUS C-SECTION 1 - 2 - 3	☐	☐
BREECH PRESENTATION	☐	☐
INFECTIONS		
RUBELLA (3 DAY MEASLES)	☐	☐
HEPATITIS	☐	☐
GENITAL HERPES	☐	☐
VENEREAL DISEASE	☐	☐
IF YES - NAME _____		
URINARY TRACT INFECTION	☐	☐
VIRUS TYPE ILLNESS	☐	☐
IF YES - NAME _____		
FEVER OF UNKNOWN ORIGIN	☐	☐
SAUNA / HOT TUB USE	☐	☐
PRE-ECLAMPSIA	☐	☐
ECLAMPSIA		
PROTEIN IN URINE	☐	☐
HIGH BLOOD PRESSURE	☐	☐
EDEMA	☐	☐
PREMATURE SEPARATION OF PLACENTA		
PLACENTA PRAEVIA	☐	☐
SECOND OR THIRD TRIMESTER BLEEDING	☐	☐
OTHER	☐	☐

_____

_____

MEDICAL PROBLEMS OF MOTHER

CONDITION	NO	YES
DIABETES	☐	☐
THYROID DISEASE	☐	☐
LUNG PROBLEMS / CYSTIC FIBROSIS	☐	☐
EPILEPSY SEIZURES	☐	☐
HEART DISEASE	☐	☐
KIDNEY PROBLEMS	☐	☐
HIGH BLOOD PRESSURE	☐	☐
ANEMIA / BLOOD DISORDERS	☐	☐
CANCER / MALIGNANCY	☐	☐
POSITIVE AIDS TEST	☐	☐

OTHER _____

_____

_____

ULTRASOUND TESTS

WERE PRENATAL ULTRASOUND TESTS DONE ☐ ☐

IF YES - STATE RESULTS

_____

_____

_____

_____

_____

CONTROLLED SUBSTANCES AND DRUGS

FOR ALL YES ANSWERS DESCRIBE FREQUENCY AND QUANTITIES OF USE AND WEEK(S) OF PREGNANCY WHEN USED.

NARCOTICS	NO	YES	
MORPHINE	☐	☐	_____
HEROIN	☐	☐	_____
METHADONE	☐	☐	_____
CODEINE	☐	☐	_____
PERCODAN	☐	☐	_____
OTHER	☐	☐	_____

STIMULANTS	NO	YES	
AMPHETAMINES	☐	☐	_____
METHAMPHETAMINES	☐	☐	_____
DIET PILLS	☐	☐	_____
COCAINE ("CRACK")	☐	☐	_____
OTHER	☐	☐	_____

SEDATIVES	NO	YES	
BARBITURATES	☐	☐	_____
QUAALUDES	☐	☐	_____
SECONAL	☐	☐	_____
DORIDEN	☐	☐	_____
OTHER	☐	☐	_____

HALLUCINOGENS	NO	YES	
MARIJUANA	☐	☐	_____
HASHISH	☐	☐	_____
MESCALINE	☐	☐	_____
LSD	☐	☐	_____
PCP (ANGEL DUST)	☐	☐	_____
OTHER	☐	☐	_____

TRANQUILIZERS & ANTIDEPRESSANTS	NO	YES	
LIBRIUM	☐	☐	_____
VALIUM	☐	☐	_____
ELAVIL	☐	☐	_____
OTHER	☐	☐	_____