

**McLaren Print System Order**

Order No: 59535 Reprint Previous Order No: 8231  
 Order Date: 2021-01-10  
 User: Marie Schwerin  
 Phone: 810-342-2279

Ship Location: McLaren Flint - LDRP 7South  
 401 S. Ballenger Hwy.  
 Flint, MI

**Forms**

Quantity: 100  
 Paragon Dept No: 23070  
 Dept Name: McLaren Flint - LDRP  
 Company Number: 60

Order Total Price: 12.05

Item Number: 1720  
 Item Description: Physicians Record of Newborn  
 Revision Date: 1/2003  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 5 Hole Top  
 Misc Info:

McLaren Flint  
**PHYSICIAN'S RECORD OF NEWBORN**

Sex:  MALE  FEMALE Race:  BLACK  WHITE  OTHER  
 Suction screening date: \_\_\_\_\_ Hearing screening date: \_\_\_\_\_  
 Retesting screening date: \_\_\_\_\_ Retesting screening date: \_\_\_\_\_

INFANT'S GIVEN NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LENGTH: \_\_\_\_\_ CHEST CIRCUM: \_\_\_\_\_ HEAD CIRCUM: \_\_\_\_\_ BIRTH WEIGHT PHYSICIAN: \_\_\_\_\_

APGAR SCORES: 1 MINUTE: \_\_\_\_\_ 5 MINUTE: \_\_\_\_\_ 10 MINUTE: \_\_\_\_\_

1 CODE (ADDITIONAL FOLLOWS IF = No Abnormality) 2 = Abnormally describe (describe findings in detail)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	CODE	DESCRIPTION OF FINDINGS	CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM <small>(Include gestational age, weeks, days, and hours of gestation, and date of delivery)</small>				
2. GENERAL APPEARANCE <small>(Include general appearance, color)</small>				
3. SKIN <small>(Include color, texture, rashes)</small>				
4. HEAD/NECK <small>(Include fontanelles)</small>				
5. EYES <small>(Include color, reaction to light, red reflex)</small>				
6. EARS, NOSE & THROAT <small>(Include color, size, shape)</small>				
7. THROAT <small>(Include color, breath, hoarseness)</small>				
8. LUNGS				
9. HEART <small>(Include rate, rhythm, murmur)</small>				
10. ABDOMEN <small>(Include color, size, shape)</small>				
11. GENITALIA <small>(Include color, size, shape, discharge)</small>				
12. ANUS				
13. TRUNK & SPINE <small>(Include color, shape, size)</small>				
14. EXTREMITIES <small>(Include color, shape, size, reflexes)</small>				
15. REFLEXES <small>(Include grasp, sucking &amp; swallowing)</small>				

DISCHARGE WEIGHT: \_\_\_\_\_

IMPRESSIONS AT ADMISSION	IMPRESSIONS AT DISCHARGE/DIAGNOSIS

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

Original - Medical Record  
 Duplicate - Physician's Copy

PHYSICIAN'S RECORD OF NEWBORN  
 1400-100-000

1400