

**McLaren Print System Order**

Order No: 52465 Reprint Previous Order No: 8231  
 Order Date: 2020-02-09  
 User: Marie Schwerin  
 Phone: 810-342-2279

Ship Location: McLaren Flint - LDRP  
 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: \_\_\_\_\_ RETENING PHYSICIAN: \_\_\_\_\_

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

1 CODE (1-10) (1-14) FOLLOWS * = No Abnormality # = Abnormally describe (describe findings in detail)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	# CODE	DESCRIPTION OF FINDINGS	# CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM (include gestational age, weight, length, chest circumference, head circumference, sex, race, date of birth, place of birth, and date of admission)				
2. GENERAL APPEARANCE (include general condition, color, temperature)				
3. SKIN (include color, texture, temperature)				
4. HEAD/NECK (include fontanelles)				
5. EYES (include color, reaction to light, reflexes)				
6. EARS, NOSE & THROAT (include color, reflexes)				
7. THROAT (include color, reflexes)				
8. LUNGS				
9. HEART (include rate, rhythm, murmur)				
10. ABDOMEN (include color, reflexes)				
11. GENITALIA (include color, reflexes)				
12. ANUS				
13. TRUNK & SPINE (include color, reflexes)				
14. EXTREMITIES (include color, reflexes)				
15. REFLEXES (include grasp, suckling & swallow)				

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