

McLaren Flint
PHYSICIAN'S RECORD OF NEWBORN

MALE BLACK
 FEMALE WHITE
 OTHER

Newborn screening date _____
Hearing screening Rt _____
Hearing screening Lt _____
Hepatitis B date _____

INFANT'S GIVEN NAME _____

BIRTH DATE	TIME	WEIGHT <small>LBS/GMS</small>	LENGTH <small>IN/CM</small>	CHEST CIRCUM.	HEAD CIRCUM.	ATTENDING PHYSICIAN
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APGAR SCORES: _____ 1 MINUTE _____ 5 MINUTES BLOOD TYPE _____ Rh: _____ COOMBS: _____

* CODE EACH ITEM AS FOLLOWS: √ = No Abnormality x = Abnormality (describe abnormal findings objectively)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	* CODE	DESCRIPTION OF FINDINGS	* CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM <small>AGA - AVERAGE FOR GESTATIONAL AGE SGA - SMALL FOR GESTATIONAL AGE LGA - LARGE FOR GESTATIONAL AGE</small>				
2. GENERAL APPEARANCE <small>(CRY, MATURITY, ACTIVITY, TONE)</small>				
3. SKIN <small>(ICTERUS, RASHES, HEMATOMA)</small>				
4. HEAD, NECK <small>(MOLDING, CAPUT)</small>				
5. EYES <small>(ABNORMALITIES, CONJUNCTIVAE, RED REFLEX)</small>				
6. EARS, NOSE & THROAT <small>(LIPS, GUMS, PALATE)</small>				
7. THORAX <small>(INCLUDING BREAST, HYPERTROPHY)</small>				
8. LUNGS				
9. HEART <small>(INCLUDING FEMORAL PULSE)</small>				
10. ABDOMEN <small>(INCLUDING UMBILICUS)</small>				
11. GENITALIA <small>(TESTES, CIRCUMCISION, LABIA, DISCHARGED)</small>				
12. ANUS				
13. TRUNK & SPINE <small>(INCLUDING UMBILICUS)</small>				
14. EXTREMITIES <small>(INCLUDING CLAVICLES & HIP JOINT)</small>				
15. REFLEXES <small>(MORO, GRASP, SUCKING & SWALLOWING)</small>				

DISCHARGE WEIGHT: _____

IMPRESSIONS AT ADMISSION	IMPRESSIONS AND DISCHARGE DIAGNOSIS

DATE TIME PHYSICIAN'S SIGNATURE

DATE TIME PHYSICIAN'S SIGNATURE

Original - Medical Record
Duplicate - Physician's Copy

**PHYSICIAN'S RECORD
OF NEWBORN**
1720 Rev.1/03



140B

PT.

MR.#/RM.

DR.