McLAREN FLINT Flint, Michigan LDRP

DELIVERING PHYSICIAN'S RECORD OF NEWBORN

Boy Girl								
Birth Weight lbs ozs.								
Length:								
Chest: Head Circumference:								
Mother's Name:								
	General Apperance (Maturity, Activity, Tone, Cry,							
	Color, Nutrition, Edema)							
Skin (Rashes, Hematoma)							\searrow	
	Head, Neck)	
	(Molding, Caput, Craniotabes, Cephalohematoma)					$\overline{\mathbf{V}}$		
	Eyes							
(Abnormatlities, Conjunctivitis)		Umbilical Vessels						
	Ears, Nose, Throat (Lips, Gums, Palate)	Apgar Score				re		
	Thorax (Including Breast Hypertrophy)			Resp				
	Lungs			Heart				
	Heart			Tone				
	Abdomen (Including Cord)			Refle	×			
	Genitals (Male: Testes Descended; Female: Discharge)			Color				
				Place	nta	#	oz.	
	Trunk and Spine			Rema	arks			
	Extremities (Including Clavicles)	Impression:						
	Reflexes							
	(Moro, Grasp, Sucking, Swallowing)							
□ Anus								
Code: $\sqrt{=}$ No Abnormality, X = Abnormality		Physician's Si	ignature:					
Describe all abnormal findings objectively		Date/Time:						
				PT.				
DELIVERING PHYSICIAN'S				MR.#/P.M.				
RECORD OF NEWBORN								

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DR.

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