

CLINICAL RECORD

NEWBORN

MOTHER'S LAST NAME-FIRST NAME-MIDDLE NAME				AGE	RACE	REGISTER NO.	FATHER'S LAST NAME-FIRST NAME-MIDDLE NAME				AGE
EXPECTED DATE OF CONFINEMENT		MOTHER'S HEALTH PRIOR TO PREGNANCY			ABNORMALITIES OF PREVIOUS PREGNANCIES						
GRAVIDA	PARA	STILLBIRTHS	ABORTIONS	LIVING CHILDREN	FATHER'S Rh	MOTHER'S BLOOD GROUP	ANTI Rh	Rh	PAST TRANSFUSION HISTORY		
PRENATAL CARE BY <i>(Name of Physician)</i>				LAST MENSTRUAL PERIOD	SEROLOGY-TREATMENT IF POSITIVE		VIT. K	COMPLICATIONS OF DELIVERY			
PRENATAL COURSE: <i>(Include illnesses, contacts with diseases. Details under remarks)</i>											
ANALGESIA <i>(State whether scopolamine, barbiturate or opiate; dosage and hours of administration)</i>										ANESTHESIA <i>(Length of administration, kind, and amount)</i>	
DATE OF BIRTH						TIME					
METHOD OF DELIVERY		LENGTH OF FIRST STAGE		LENGTH OF SECOND STAGE		INFANT'S CONDITION AT BIRTH					
		HRS. MIN.		HRS. MIN.							
CHARACTER OF CRY	RESUSCITATION USED <i>(Type)</i>			SUCTION USED <i>(Type)</i>			RESPIRATORY STIMULANT USED <i>(Type)</i>				
RESPIRATION ESTABLISHED IN	RESPIRATION NORMAL IN	OXYGEN IN DELIVERY ROOM		DURATION		EYE PROPHYLAXIS <i>(State type)</i>					
MIN.	MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO		HRS.							
REMARKS <i>(Summary of complications, etc., of pregnancy and birth, and nature of therapy)</i>											

SIGNATURE OF OBSTETRICIAN

DATE

INITIAL PHYSICAL EXAMINATION To be completed within twenty-four hours of birth: Note especially sutures, hemorrhage, clavicles, cephalhematoma, fontanelles, cleft palate, heart rate and rhythm, anus, skin blemishes, jaundice, sternocleidomastoid, umbilicus, hernia, clubfeet, fingers, tumors, mongolism, character of cry, other deformities. Use progress sheet for abnormalities, description, and elaboration.

GEN. APPEARANCE	FACIES	BIRTH WEIGHT	TEMPERATURE	CHARACTER OF CRY	MEASUREMENTS:			
					LENGTH	HEAD	CHEST	ABDOMEN
BREATHING	CYANOSIS	SKIN	VERNIX	SUBCUT. TISSUE	PALLOR		ICTERUS	
HEAD	FONTANELLES	SUTURES	EYES	EARS	NOSE		MOUTH	
THROAT	NECK	CHEST	LUNGS	HEART	MURMURS			
ABDOMEN	LIVER	SPLEEN	CORD	GENITALS	ANUS		MECONIUM	
SPINE	EXTREMITIES	MUSCLE TONE	PARALYSES	REFLEXES	MORO		JOINTS	

ABNORMAL FINDINGS ON PHYSICAL EXAMINATION:

SIGNATURE OF PHYSICIAN

DATE

SEX

RACE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.

WARD NO.

NEWBORN
Standard Form 535
 PRESCRIBED BY GSA/ICMR
 FIRMR (4 1 CFR)
 201-45.505
 OCTOBER 1975 535-105
 USAPPC V1.00

CONDITION ON DISCHARGE: *(Record any significant physical findings and summarize any unusual observations or therapy during hospitalization.)*

DISCHARGE FEEDING: *(Use progress notes to record unusual feeding behavior)*

BREAST

BREAST AND COMPLEMENT

FORMULA _____
(Amount) (Number of feedings)

SPECIFY FORMULA

FOLLOW-UP

NURSING VISIT ORDERED

OFFICE OF PRIVATE PHYSICIAN _____
(Location) (Date)

REFERRED TO CLINIC _____
(Location) (Date)

SOCIAL SERVICE FOLLOW-UP ADVISED. REFERRED TO _____
(Name of social service agency)

SIGNATURE OF EXAMINING PHYSICIAN

DATE OF DISCHARGE

WEIGHT ON DISCHARGE

PROGRESS NOTES *(Sign and date all notes)*
