NAME:		AGE:	DR:	DR:	GA:
G: ______ P ______	BLOOD TYPE:		HEM: ☐ YES ☐ NO	SEX: ☐ BOY ☐ GIRL	APGAR:
DELIVERY TYPE: ☐ VAG ☐ C / S	DELIVERY DATE:		EPIS: ML / ______	WT:	TRANS / SCN
LAC: 1 2 3 4	PULAC:		GBS: ☐ POS ☐ NEG	COOMBS: ☐ POS ☐ NEG	
SIG. Hx / COMPLICATIONS:		MEDS:		BLOOD TYPE:	
				BREAST / BOTTLE	

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LAC: 1 2 3 4	PULAC:		GBS: ☐ POS ☐ NEG	COOMBS: ☐ POS ☐ NEG	
SIG. Hx / COMPLICATIONS:		MEDS:		BLOOD TYPE:	
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SIG. Hx / COMPLICATIONS:		MEDS:		BLOOD TYPE:	
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DELIVERY TYPE: ☐ VAG ☐ C / S	DELIVERY DATE:		EPIS: ML / ______	WT:	TRANS / SCN
LAC: 1 2 3 4	PULAC:		GBS: ☐ POS ☐ NEG	COOMBS: ☐ POS ☐ NEG	
SIG. Hx / COMPLICATIONS:		MEDS:		BLOOD TYPE:	
				BREAST / BOTTLE	