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PHYSICIAN'S RECORD OF NEWBORN INFANT

PATIENT IDENTIFICATION

BIRTH:	MONTH	DAY	YEAR	Milit. TIME	WEIGHT	LENGTH	HEAD CIR.
	_____	_____	_____	_____	_____ LBS _____ OZ	_____ INCHES	_____ INCHES
	_____	_____	_____	_____	_____ GM	_____ CM	_____ CM

* CODE each item as follows: O = No Abnormality X = Abnormality (describe abnormal findings objectively)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	CODE*	Description of Abnormal Findings	CODE*	Description of Abnormal Findings
1. GENERAL APPEARANCE (Maturity, Activity, Tone, Cry, Color, Nutrition, Edema)				
2. SKIN (Icterus, Rashes, Hematoma)				
3. HEAD, NECK (Molding, Caput, Craniotabes, Cephalohematoma)				
4. EYES (Abnormalities, Conjunctiva, Red Reflex)				
5. EARS, NOSE & THROAT (Lips, Gums, Palate)				
6. THORAX (Including Breast Hypertrophy)				
7. LUNGS				
8. HEART (Including Femoral Pulse)				
9. ABDOMEN (Including Umbilicus)				
10. GENITALIA (Testes, Circumcision, Meatus, Discharge)				
11. ANUS				
12. TRUNK & SPINE				
13. EXTREMITIES (Including Clavicles & Abduction of Hip Joints)				
14. REFLEXES (Moro, Grasp, Sucking, Swallowing)				

IMPRESSION AT ADMISSION:	IMPRESSION AT DISCHARGE / DIAGNOSIS:

PHYSICIAN'S SIGNATURE _____ DATE _____ Milit. TIME: _____ PHYSICIAN'S SIGNATURE _____ DATE _____ Milit. TIME: _____

WHITE - Medical Records

CANARY - Physician's Copy

PART OF THE MEDICAL RECORD