

# 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
<b>INITIAL PHYSICAL EXAMINATION</b>	<b>To be completed within twenty-four hours of birth:</b> <i>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.</i>										
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		
<b>PATIENT'S IDENTIFICATION</b> <i>(For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)</i>						REGISTER NO.			WARD NO.		

