



Newborn Information Form

Patient Name: _____

Date of Birth: _____

Location of Birth: _____

Birth Weight: _____

Type of Delivery? (Vaginal or C-Section) _____

Any medical problems in the pregnancy? _____

Any medical problems in the delivery? _____

Was the baby born on time? If not, how many weeks early or late? _____

Did the baby have to stay in a NICU or special care nursery? _____

How is the baby fed? (Breastmilk, formula, or a combination) _____

Does the baby have any specialist or follow-up appointments? _____