

Newborn Pediatric Evaluation

Patient ID:	Today's date:
Treating Clinic:	Patient Age when diet started:
Infant gender: ___ Boy ___ Girl	
Infant Date of Birth:	
Infant gestation age: weeks	
Measurements	
Procedure: Take each measurement twice. If the difference between the two measurements is more than 100 grams or 0.2 cm, then take a third measurement. Enter the confirmed measurements below.	
Infant weight:	grams
Infant length:	cms
Infant head circumference:	cms
Examination	
Heart appears to be normal: ___ Yes ___ No	
Infant cardiac exam comments:	
Other anomalies noted:	