

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 (Name of Physician)				LAST MENSTRUAL PERIOD		SEROLOGY - TREATMENT IF POSITIVE		VIT. K	COMPLICATIONS OF DELIVERY		
PRENATAL COURSE: (Include illnesses, contacts with diseases. Details under remarks)											
ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)										ANESTHESIA (Length of administration, kind, and amount)	
DATE OF BIRTH					TIME						
METHOD OF DELIVERY		LENGTH OF FIRST STAGE HRS. MIN.		LENGTH OF SECOND STAGE HRS. MIN.		INFANT'S CONDITION AT BIRTH					
CHARACTER OF CRY	RESUSCITATION USED (Type)			SUCTION USED (Type)			RESPIRATORY STIMULANT USED (Type)				
RESPIRATION ESTABLISHED IN MIN.		RESPIRATION NORMAL IN MIN.		OXYGEN IN DELIVERY ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO		DURATION HRS.		EYE PROPHYAXIS (State type)			
REMARKS (Summary of complications, etc., of pregnancy and birth, and nature of therapy)											

SIGNATURE OF OBSTETRICIAN

DATE

INITIAL PHYSICAL EXAMINATION To be completed within twenty-four hours of birth: 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.

GEN. APPEARANCE	FACIES	BIRTH WEIGHT	TEMPERATURE	CHARACTER OF CRY	MEASUREMENTS:			ABDOMEN
					LENGTH	HEAD	CHEST	
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
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)					REGISTER NO.	WARD NO.

**NEWBORN
Standard Form 535
(IMT-V1)**

General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
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