

Newborn Exam

Patient Information

Name:

Date of Birth:

Gestational Age:

Birth Weight:

Apgar Scores:

Blood Type:

Family History:

History

Details of Pregnancy:

Labor and Delivery Information:

Complications:

Physical Examination

1. General Appearance

Skin Color:

Activity Level:

Responsiveness:

2. Head

Head Circumference:

Fontanelles:

Scalp:

Eyes (including red reflex):

Ears:

Nose:

Mouth and Palate:

3. Neck

Range of Motion:

Presence of Masses:

4. Chest

Clavicles:

Heart Sounds:

Lung Sounds:

Costal Margin:

5. Abdomen

Softness:

Presence of Masses:

Umbilical Stump:

6. Extremities

Femoral Pulses:

Range of Motion:

Presence of Swelling or Lesions:

Extremities for Deformity:

7. Genitalia

Examination of Male/Female Genitalia:

Position of Testes (if applicable):

Genitalia for Anus:

8. Back

Spine Alignment:

Presence of Sacral Dimple:

Back/Spine for Lesions, Masses and/or Tags:

9. Neurological State (Reflexes)

Assessment

Summary of Physical Findings:

Assessment of Newborn's Overall Health:

Any Abnormal Findings or Concerns Identified:

Plan

Follow-up Recommendations:

Anticipatory Guidance for Parents:

Immunization Schedule (if applicable):

Referrals (if necessary):

Documentation

Patient Education

Follow-up

Conclusion

Signature

Signature:

Date: