

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:
General appearance		
Skin color:	Activity level:	Responsiveness:

Head		
Head circumference:	Fontanelles:	Scalp:
Shape:		Sutures:
Neck and clavicles		
Range of motion:	Presence of masses:	Clavicles:
Eyes		
Symmetry	Set/shape:	Red light reflexes:

Ear, nose, mouth, throat		
Ear set/shape:	Preauricular pits:	Nasal shape/patency:
Palate:	Gums:	Lips and tongue:
Thorax and breasts		
Thorax shape:	Nipples:	Work of breathing:
Lung and heart		
Breath sounds:	Heart sounds:	Femoral pulses:

Abdomen and umbilicus		
Bowel sounds:	Liver:	Spleen:
Kidneys:		Umbilical cords:
Genitalia		
Labia/penis:	Hymen/testicles:	Anus:
Trunk and spine		
Symmetry:	Skin lesions:	Masses:

Extremities		
Upper		Lower
Mobility:		Mobility:
Deformity:		Deformity:
Stability:		Stability:
Neurological		
Suck:	Grasp (hands and feet):	Moro:

Recommendations**Additional notes****Healthcare professional's name:****Signature:****Date:**