

# 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: