

Newborn Reflexes Assessment

Patient Information

Name:			
Date of Birth:		Date of Assessment:	
Gender:		Weight at Birth:	
Healthcare Facility:			

Newborn Reflexes Assessment

Reflex Type	Description	Example Observation	Comments or Notes	Check if Present
Blink Reflex	Rapid closing of eyes in response to a stimulus	Shine a light near the baby's eyes; observe for quick eye closure		<input type="checkbox"/>
Rooting Reflex	Turning head toward a touch on the cheek	Gently stroke the baby's cheek; observe head movement		<input type="checkbox"/>
Sucking Reflex	Sucking on anything that touches the lips	Offer a clean pacifier or the baby's own finger		<input type="checkbox"/>
Extrusion Reflex	Thrusting tongue out when lips are touched	Gently touch the baby's lips; observe for tongue protrusion		<input type="checkbox"/>
Palmar Grasp Reflex	Gripping an object placed in the palm	Place a finger in the baby's palm; observe for grasping		<input type="checkbox"/>
Walk-in-Place Reflex	Stepping movements when feet touch a surface	Hold the baby upright with feet touching a flat surface		<input type="checkbox"/>
Tonic Neck Reflex	Fencing posture; turning head to one side	Turn the baby's head to one side; observe arm and leg extension		<input type="checkbox"/>
Moro Reflex	Startle response with sudden head movement	Allow the baby's head to gently drop backward; observe response		<input type="checkbox"/>
Babinski Reflex	Toes fan out when the sole of the foot is stroked	Gently stroke the sole of the baby's foot; observe toe movement		<input type="checkbox"/>

Reflexes of Spinal Cord Integrity	Assessing spinal reflexes and movements	Observe for spontaneous movements, muscle tone, and reflexes		<input type="checkbox"/>
Landau Reflex	Baby extends legs when held in a horizontal position	Hold the baby horizontally; observe for leg extension		<input type="checkbox"/>

Doctor's Signature: _____

Doctor's Name: _____

Date: _____