

Identifying Information

Mother's Name _____ Maiden Name _____

Age of Mother _____ Birthplace (City & State) _____ Birth Date _____

Home Address _____ Phone No. _____ Religion _____

Attending Physician: Mother's _____ Infant's _____

Labor Record

Gravida _____ Para _____ EDC _____ RH _____ STS _____

Prenatal Complications _____ Allergies _____

Stages of Labor: Onset _____ Os Completely Dilated _____

Analgesia _____

Oxytocic Drug Prior to Delivery _____

Indication _____

Membranes Ruptured: Spontaneous _____ Artificial _____ Date _____ Time _____

Delivery

Anesthesia _____ Episiotomy _____ Repair _____ Laceration _____ Intact _____

Forceps _____ Indication _____ Blood Loss _____

Oxytocic Drug After Delivery _____

Newborn

Child's Name _____ Sex _____ Date _____ Time _____ Position _____

Apgar Reading: 1 minute _____ 5 Minutes _____

Initial Physician Examination**(To Be Completed By Physician Within 24 Hours Of Birth)**

Note Especially Sutures, Hemorrhage, Clavicles, Fontanelle, Cleft Palate, Anus, Skin Blemishes, Jaundice, Sternocleidomastoid, Umbilicus, Hernia, Club Feet, Extranumerary Digitis.

Birth Weight	Length	Temperature	General Appearance			Icterus
Facies	Head	Suturee	Fontanelle	Eyes	Ears	Nose
Mouth	Throat	Neck	Chest	Lungs	Heart (Murmurs)	
Abdomen	Liver	Spleen	Cord	Genitals	Anus	Meconium
Spine	Extremities	Joints	Muscle Tone	Paralysis (Describe)		
Skin	Vernix	Subcut. Tissue	Muro Reflex	Date & Signature of Physician		

Describe Any Abnormal Findings:

PKU