Well child

Pre-visit questionnaire

Newborn 0-7 days

General

1. List any concerns you want to discuss today:

Birth history

You may skip this section if your baby was born in our hospital.

2. What was your baby's weight at birth?

3. Was your baby full term (was your pregnancy 38 or more weeks before delivery)?	Yes	No	Not sure
4. Did your baby pass their hearing test?	Yes	No	Not sure
5. Did your baby get the Hepatitis B vaccine?	Yes	No	Not sure
6. Did your baby receive the vitamin K shot?	Yes	No	Not sure
7. Did your baby have any problems after birth?	No	Yes	Not sure
8. Was your baby breech in the 3rd trimester, or is there a family history of hip dysplasia or severe hip problems in children?	No	Yes	Not sure
9. Do you have any concerns about skin color?	No	Yes	Not sure

Feeding/Nutrition

10. Is your baby getting breastmilk?	Yes	No
11. Is your baby getting formula?	Yes	No
a. Which formula?		
12. Are you feeding your baby anything other than breastmilk or formula?	No	Yes

13. What color are your baby's poops?

Development

14. Does your child move their arms and legs well?	Yes	No

Social stressors

15. Are you having any family stress?	No	Yes

16. Within the past 12 months have you worried that your food would run out before you got money to buy more?	Never	Sometimes	Often
17. Do you feel you receive the support you need?	Yes	No	

Tuberculosis

18. Is your child at risk for infection with tuberculosis? (Includes children born in Africa, Asia, Latin America, or Eastern Europe; children who have stayed with family in one of those places for more than a week, or those exposed to anyone with active TB.)	No	Yes	Not sure

Safety checklist

Check all that apply.

	True	I have questions
19. My baby sleeps on their back, in a bedside bassinet or crib.	☐	☐
20. I always keep a hand on my baby when they are above the floor (like on a changing table).	☐	☐
21. I feel confident securing my baby into their carseat.	☐	☐
22. My baby rides in a rear-facing safety seat, in the back seat.	☐	☐
23. No one smokes or vapes around my baby.	☐	☐
24. We have working smoke/carbon monoxide detectors at home.	☐	☐
25. I could check a rectal temperature if I needed to, and know a fever is 100.4 or higher.	☐	☐