New Born Baby Questionnaire

A first paediatric appointment normally lasts 1 hour. Please take time to fill in this form carefully. Remember your new baby cannot speak so we rely on the information the parent provides on their behalf. Please provide as much information as possible, even if you feel it may not be important in your eyes. Thank you. Vispi Jamooji

Parents
Father & Mothers' name & address
Maternal age @birth of child Mother's usual occupation
Pregnancy & Birth
Birth weight DoB Maternal medication during pregnancy
Details of scans / blood tests / investigations if any
Baby born@ + weeks/days. When did you stop work /weeks before birth
The birth involved: Ventouse□ forceps□ caesarean□ cord around neck□, foetal distress□ other□
what happened
what pain relief / drugs administered to you or baby
Feeding
Bottle□ Breast□ (from when) Any special preference for left□ or
right□ breast. Do you have mastitis□ sore nipples□. Baby has difficulty latching on□. Any special
observation regarding feeding or after (ie vomitting)

Changing Time
Any difficulty changing clothes of your baby. le one arm will not lift up, or a leg wont straighten?
Legs drawn up to abdomen etc
Sleeping
(a) best or (b) worst positions your baby likes/does not like to sleep in.(ie always sleeps with head
to right, or baby does not like being laid flat on back). Always want to be held.
Day Time
During the day is baby left on mat□ hammock□ baby carrier□ car seat□ Doesn't like head being
touched☐ Does baby scratch his face☐ does baby bang head against cot side☐ use one arm/leg
more than another□. Likes the dummy□ What positions does he like being in
Miscellaneous
Any infections/operations: ie middle ear infection
Madianta (final)
Medication Sibling history (if any)
I confirm I have taken time to consider all questions and answered all questions as fully as I can.
Signed (parent) Dated