*THIS VISIT DOES NOT CONSTITUTE AS A PHYSICAL EXAM*

SETA Early Head Start
Newborn Health Visit by Nurse

Date _______________ Pediatrician__________________________ Newborn Visit _____ Referral? ☐ Y ☐ N

Name of Child ____________________________________________________________

Name of Parents ____________________________________________________________________________

Address __________________________________________ City ____________________________ Zip _________

Phone __________________________________________

Place of Visit: ☐ Home ☐ Other _____________________________________________________________

Staff Present _______________________________________________________________________________

Other Individuals Present ______________________________________________________________________

Emergency Contact ________________________________ ____________________

INFORMATION DISCUSSED

☐ Infant car seat (correct position) ☐ Choosing a pediatrician

☐ All about my baby ☐ Baby’s first visit to the doctor (what to expect)

☐ Skin care ☐ Where does baby sleep?

☐ Cord care ☐ Basic baby needs

☐ Feeding your baby (breast or bottle) ☐ Postpartum doctor visit

☐ Burping your baby ☐ Father’s feelings

☐ Bathing your baby ☐ Father’s questions

☐ Talking to your baby ☐ Family planning options

☐ Diapering your baby

Additional Information ____________________________________________________________

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Follow-up Required ________________________________________________________________

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Distribution: White – Child’s File Canary – Parent Pink – Health Services

Revised 8/15

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