



CHILD BIRTH INFORMATION



Name: _____

Date of Birth: _____

Weeks Gestation: _____

Labor Induced?: _____

Vaginal/Caesarean: _____

Hours in Labor: _____

Birth Place: _____

Weight: _____ Lbs. _____ Ozs.

Length: _____ In.

APGAR Score

- Heart Rate: _____
- Respiratory Effort: _____
- Muscle Tone: _____
- Response to Stimulation: _____
- Skin Coloration: _____

Total Score: _____

Circumcised?: _____

Breastfed?: _____

Formula Brand: _____

Ages: Sat Up _____ Crawled _____

Walked _____ Talked _____

Potty Trained _____

