

Gender:  B  G

Weight:  lbs.  oz.

Length:  in.

*Just the Facts...*

Blood Type:

Circumcised: Y  N

Breastfed: Y  N

If not, Formula:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**APGAR Score...**

Heart Rate: \_\_\_\_\_ BPM

Respiratory Effort: \_\_\_\_\_

Muscle Tone: \_\_\_\_\_

Response to Stimulation: \_\_\_\_\_

Skin Color: \_\_\_\_\_

Total Score: \_\_\_\_\_

Weeks Gestation: \_\_\_\_\_

High Risk? Y  N

Labor Induced? Y  N

Vaginal/Caesarean: V  C

Hours in Labor: \_\_\_\_\_

Complications: Y  N

If Yes, Explain: \_\_\_\_\_

# BEAUTIFUL YOU

Crawled

Head Control

Standing

Eye Movement

Walked

Grasping Objects

Talked

Mini Push-Up

Smiling

Rolling Over

Potty Trained

Sitting

**Early Observations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diagnoses...**

Diagnosis: \_\_\_\_\_

Date Diagnosed: \_\_\_\_\_

Diagnosing Doctor: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date Diagnosed: \_\_\_\_\_

Diagnosing Doctor: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date Diagnosed: \_\_\_\_\_

