Newborn Questionnaire

Name: _____ Date of Birth: _____

Nutrition: ___ Formula: _____, ____ oz. every ____ hours

___ Breastfed on demand ____ min. on each side.

How many feedings in 24 hours _____

Is baby taking any vitamins?

Elimination: Stools are soft and seedy? ☐YES ☐NO

More than 6 wet diapers per day☐YES ☐NO

Development: ☐Raises head slightly when prone

☐Blinks in reaction to bright light

☐Follows object to midline

☐Responds to sound

Sleeping: Does the baby sleep on his/her back? ☐YES☐NO

Do you co- sleep with your baby?☐YES☐NO