

Initial Newborn Visit Questionnaire

Last Name: _____	Born at Hospital:
First Name: _____	• Englewood Hospital
D.O.B: _____	• Hackensack University Medical Center
Pt. Age: _____ days	• Hoboken Hospital
Sex: Female Male	• Holy Name Hospital
	• Jersey City Medical Center
	• Palisades Medical Center
	• Other: _____

1. Is this a follow up visit from the hospital for any of the following reasons?

- Jaundice • Check Weight • Feeding Problem • Heart Murmur
Prematurity • Failed Hearing Test • NICU/ICN • Rash
Sleeping Problem • Abnormal Prenatal Ultrasound

Other: _____

2. Any breathing issues?

No Yes _____

3. Are you concerned about you baby's feeding?

No Yes _____

4. Are you concerned about your baby's Bowel habits/ urinating?

No Yes _____

5. Any other issues?

No Yes _____

6. Is the Mother excessively worried/overwhelmed/easily crying?

No Yes _____

Parent/Guardian Signature: _____ Date: _____