

DATE DONE

D M Y

☐ PKU, TSH, GALACTOSEMIA
 TIME: _____

☐ POSITIVE MATERNAL HBsAg STATUS

☐ HBIG GIVEN

☐ HEPATITIS B VACCINE GIVEN

☐ POSITIVE MATERNAL HIV STATUS

☐ OTHER

HOSPITAL NAME

CARE

SURNAME

GIVEN NAME

ADDRESS

PHONE NUMBER

PHYSICIAN / MIDWIFE NAME

10.

D M Y

PROBLEM LIST

DATE RESOLVED

D M Y

11.

D M Y

PROGRESS NOTES

12.

D M Y

CIRCUMCISION
 ☐ DONE
 METHOD: _____
 ANALGESIA USED: _____
 SIGNATURE: _____
 MD

13.

DISCHARGE EXAMINATION

DATE

D M Y

WEIGHT

HEAD CIRCUMFERENCE

g

cm

1. GENERAL

2. SKIN

3. HEAD

4. EENT

5. RESPIRATORY

6. CVS

7. ABDOMEN

8. UMBILICAL CORD

9. GENITORECTAL

10. MUSCULOSKELETAL

11. NEUROLOGICAL

12. OTHER

NORMAL

ABNORMAL

COMMENT

14.

STATUS AT DISCHARGE

PROBLEMS REQUIRING FOLLOWUP:

FEEDING: ☐ BREAST ☐ VIT. D ☐ FORMULA

15.

DISCHARGED

☐ HOME
 ☐ ADOPTION
 ☐ FOSTER HOME
 ☐ OTHER HOSPITAL (specify): _____

16.

FOLLOW UP BY (when?)

☐ FAMILY PHYSICIAN
 ☐ MIDWIFE
 ☐ PEDIATRICIAN
 ☐ OTHER CONSULTANT
 ☐ COMMUNITY HEALTH NURSE
 ☐ MINISTRY FOR CHILDREN AND FAMILY DEVELOPMENT

WHITE - INFANT'S CHART

YELLOW - COMMUNITY HEALTH NURSE

PINK - PHYSICIAN / MIDWIFE

SIGNATURE

MD/RM

☐ NEONATAL DEATH
 ☐ AUTOPSY PERFORMED

Prepared by: The British Columbia Reproductive Care Program

583A Rev. 02/03