



Ponderosa Family Care

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PEDIATRIC NEWBORN RECORD

Dear parents: Welcome to Ponderosa! Please bring this completed form to the first visit as it helps us learn more about your child and how to best care for them and support you.

Child's Name: _____ Birth date: _____

SECTION A: CURRENT INFORMATION

1. List any questions or issues you would like to talk about: _____

2. FEEDING: Breast (Yes/No) Formula (Yes/No) If so, which formula? _____
 - a. Is your child taking any vitamins? (Yes/No) If yes, what type? _____
 - b. Is your child taking an iron supplement? (Yes/No)

SECTION B: PAST HISTORY

1. Were there any unusual illnesses or complications during pregnancy, including abnormal prenatal labs or testing? (Yes/No) If yes, please explain: _____

2. Where was your baby born? Hospital _____ Clinic _____ Home _____ Other _____
3. Name of doctor or midwife who delivered your baby: _____
4. What was your baby's birth weight? _____ lbs _____ oz.
5. Did your baby have any problems during the newborn period or need to stay in the NICU? (Yes/No) If yes, please explain: _____

SECTION C: FAMILY HISTORY

1. Is this child's mother living? (Yes/No) Age? _____ In good health? (Yes/No)
2. Is this child's father living? (Yes/No) Age? _____ In good health? (Yes/No)
3. Number of other children in family: _____ Ages of the other children? _____
 - a. If applicable, are your other children in good health? (Yes/No)

4. Please explain any “no” answers for the above questions 1-3 in the Family History:

5. Was mom taking any medications during pregnancy? If yes, please list: _____

6. Do any family members have a history of diabetes, seizures, tuberculosis, asthma, allergies, migraines, developmental delays, deafness, or blood disorders? (Yes/No)
If yes, please circle those that apply.
7. Please list any additional medical conditions in your family not listed above and list who has them: _____

8. Last grade in school completed by mother: _____ by father: _____

SECTION D: SOCIAL HISTORY

1. Who lives at home with your child? _____
2. Who cares for your child during the day? _____
3. Anyone in the home who smokes either inside or outside of the home? (Yes/No)
4. Any animals in the home? (Yes/No) If yes, what kind? _____
5. Are there any problems with income, housing, sleeping arrangements or food for your child or your family? (Yes/No)
a. If yes, please explain: _____
6. Do the adults in the family usually agree on raising and discipline of the child?
(Yes/No)