

# Jessica Davis MD

The New Mom's Family Doctor  
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Patient Name: _____	Date: _____	Age: _____
Accompanied By: _____	Birthdate: _____	

## FIRST WEEK WELL CHILD VISIT

**PARENT SECTION:** Please check yes or no and fill in the blanks.

BIRTH HISTORY		DISCUSSION TOPICS	
<b>No</b>	<b>Yes</b>	Were there any complications with the pregnancy or delivery? If yes, please explain? _____ My baby's birth weight was _____ He/she was born by <b>c-section</b> / <b>vaginal</b> delivery	Perinatal risk factors GBS Breech
<b>No</b>	<b>Yes</b>	Health problems affecting children run in my family (if yes, please explain) _____	
GENERAL ISSUES		*****	
<b>Yes</b>	<b>No</b>	Overall, I feel confident that my baby is doing well	General questions
<b>No</b>	<b>Yes</b>	I am having some baby blues	Postpartum depression
<b>Yes</b>	<b>No</b>	I have enough help with the baby	Exhaustion
		Who lives with you and the baby? _____	Parenting support
<b>No</b>	<b>Yes</b>	My baby is fussier than the average baby	Sibling, partner adjustment
FEEDING/SLEEPING		*****	
<b>No</b>	<b>Yes</b>	I have questions about my baby's feeding	Continue breastfeeding
		My baby takes breast milk _____ min every _____ hrs, or _____ formula, _____ oz every _____ hrs	Feed every 2-4 hours
<b>No</b>	<b>Yes</b>	My baby has a problem with spitting up	Normal vs. pathologic reflux
<b>No</b>	<b>Yes</b>	I have questions about my baby's sleep habits	Supine sleep position
		Longest sleep period: Daytime _____ Nighttime _____	Safe sleep environment
		How do you get your baby to sleep? <b>Feeding / Rocking / Pacifier / Self / Other</b>	
		Where does your baby sleep?	
VOIDING/STOOLING		*****	
<b>Yes</b>	<b>No</b>	My baby pees and poops normally	Normal variation
		Per day: wet diapers _____ stool diapers _____	
PREVENTION		*****	
<b>No</b>	<b>Yes</b>	My baby lives with someone who smokes cigarettes	SIDS prevention
<b>Yes</b>	<b>No</b>	I always keep my baby in a rear-facing car seat when driving.	Risk of tobacco exposure
<b>Yes</b>	<b>No</b>	My baby sleeps only on his/her side or back	Smoking cessation
<b>Yes</b>	<b>No</b>	I know the signs of illness in a newborn.	No exceptions with car seat
<b>No</b>	<b>Yes</b>	Is there anything else you want to discuss today?	Call for fever over 100.4