

SETA Early Head Start Newborn Health Visit by Nurse



Date _____ Pediatrician _____ Newborn Visit _____ Referral? Y N

Name of Child _____

Name of Parents _____

Address _____ City _____ Zip _____

Phone _____

Place of Visit: Home Other _____

Staff Present _____

Other Individuals Present _____

Emergency Contact _____

INFORMATION DISCUSSED

___ Infant car seat (correct position)

___ Choosing a pediatrician

___ All about my baby

___ Baby's first visit to the doctor (what to expect)

___ Skin care

___ Where does baby sleep?

___ Cord care

___ Basic baby needs

___ Feeding your baby (breast or bottle)

___ Postpartum doctor visit

___ Burping your baby

___ Family planning options

___ Bathing your baby

___ Father's feelings

___ Talking to your baby

___ Father's questions

___ Diapering your baby

___ Family planning options

Additional Information _____

Follow-up Required _____
