



Welcome



We are so pleased that you chose Volusia County's Premiere Pediatric Center for your child's healthcare needs. In addition to pregnancy, labor, delivery and newborn records, our office requires ALL of the information below for every Newborn Patient.

Mother's Information:

Name: _____

Age: _____ Gest. Age: _____ Maternal Blood Type: _____

Delivery Information

OB /Midwife _____

Vaginal /Cesarean _____

Maternal Rubella _____

Complications _____

Maternal Labs:

Hep B Status _____

GBS Status _____

HIV _____

VDRL _____

HERPES _____

CHLAMYDIA _____

GC _____

Infant Information:

Name: _____

Birth Date: _____ Hour: _____

Weight: _____ Head Cir.: _____ Length: _____

Blood Type: _____ Jaundice: _____ Coombs: _____

Breastfeeding /Formula _____

AP Gar 1 minute _____ 5 minute _____

Hepatitis B Vaccine Given (Y /N) _____ Date (If given) _____

Hearing Screen (Y /N) _____

Newborn Screen _____

Neonatal Problems _____

Facility Name _____

Prepared By: _____ Date: _____

Contact Number: _____

Address: _____