

**McLaren Print System Order**

Order No: 54877 Reprint Previous Order No: 8231  
 Order Date: 2020-06-20  
 User: Marie Schwerin  
 Phone: 810-342-2279

Ship Location: McLaren Flint - LDRP 7South  
 401 S. Ballenger Hwy.  
 Flint, MI

**Forms**

Quantity: 100  
 Paragon Dept No: 23070  
 Dept Name: McLaren Flint - LDRP  
 Company Number: 60

Order Total Price: 11.80

Item Number: 1720  
 Item Description: Physicians Record of Newborn  
 Revision Date: 1/2003  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info:

McLaren Flint  
**PHYSICIAN'S RECORD OF NEWBORN**

Sex:  MALE  FEMALE Race:  BLACK  WHITE  OTHER  
 Suction screening date: \_\_\_\_\_ Hearing screening date: \_\_\_\_\_  
 Retesting screening 11: \_\_\_\_\_  
 requires 11 date: \_\_\_\_\_

INFANT'S GIVEN NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LENGTH: \_\_\_\_\_ CHEST CIRCUM: \_\_\_\_\_ HEAD CIRCUM: \_\_\_\_\_ RETENING PHYSICIAN: \_\_\_\_\_

APGAR SCORES: 1 MINUTE: \_\_\_\_\_ 5 MINUTE: \_\_\_\_\_ 10 MINUTE: \_\_\_\_\_ CODES: \_\_\_\_\_

* CODE (1-14) - ICD-9 follows if = No Abnormality if = Abnormally describe (include findings observed)	ADMISSION EXAMINATION		DISCHARGE EXAMINATION	
	* CODE	DESCRIPTION OF FINDINGS	* CODE	DESCRIPTION OF FINDINGS
1. TERM, POST-TERM, PRE-TERM <small>(include gestational weeks, date of birth, weight, length, head circumference, sex)</small>				
2. GENERAL APPEARANCE <small>(include general condition, color)</small>				
3. SKIN <small>(include rashes, lesions)</small>				
4. HEAD/NECK <small>(include fontanelles)</small>				
5. EYES <small>(include visual, cranial nerve reflexes)</small>				
6. EARS, NOSE & THROAT <small>(include otitis media)</small>				
7. THROAT <small>(include breathers, abnormalities)</small>				
8. LUNGS				
9. HEART <small>(include murmurs, gallop)</small>				
10. ABDOMEN <small>(include distention, bowel sounds)</small>				
11. GENITALIA <small>(include size, position, urethra, discharge)</small>				
12. ANUS				
13. TRUNK & SPINE <small>(include rashes, lesions)</small>				
14. EXTREMITIES <small>(include rashes, lesions &amp; hip joints)</small>				
15. REFLEXES <small>(include grasp, sucking &amp; swallowing)</small>				

DISCHARGE WEIGHT: \_\_\_\_\_

IMPRESSIONS AT ADMISSION	IMPRESSIONS AND DISCHARGE DIAGNOSIS

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

Original - Medical Record  
 Duplicate - Physician's Copy

PHYSICIAN'S RECORD  
 OF NEWBORN  
 1400-1000-0000

14000