PHYSICAL and rhythm, anus, skin blemishes, jaundice, sternocleidomastoid, umbilicus, hernia, clubfeet, fingers, tumors, mongolism, character of cry, other deformities. Use progress sheet for abnormalities, description, and elaboration.  GEN. APPEARANCE FACIES BIRTH WEIGHT TEMPERATURE CHARACTER OF CRY MEASUREMENTS: LENGTH HEAD CHEST ABDOMEN  BREATHING CYANOSIS SKIN VERNIX SUBCUT. TISSUE PALLOR ICTERUS  HEAD FONTANELLES SUTURES EYES EARS NOSE MOUTH  THROAT NECK CHEST LUNGS HEART MURMURS	CLINICAL RECORD					NEWBORN														
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STRAVIDA   PARA   STILLBIRTHS   ABORTIONS   LIVING CHILDREN   FATHER'S Rh   MOTHER'S   Rh   PAST TRANSFUSION HISTORY	EXPECTE	D DATE OF	<b>=</b>	MOTHER'S H	EALTH PRI	OR TO PF	REGNAN	NCY	ABNOR	MALITI	ES OF P	PREV	/IOUS P	REGN	ANCIES	<u> </u>				
BLOOD GROUP   Rh																				
BLOOD GROUP   Rh	GRAVIDA	PARA	STILLBIRTHS	ABORTION	IS LIVING	CHILDRE	N FA	THER	R'S Rh	мотн	ER'S		ANTI	Rh	PAST T	RANSFU	ISION	HISTOF	RY	
PRENATAL COURSE: (Include illnesses, contacts with diseases. Details under remarks)  ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)  ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)  ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)  ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)  ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)  ANALGESIA (State whether scopolamine, barbiturate or opiate; dosage and hours of administration)  TIME  METHOD OF DELIVERY  LENGTH OF FIRST STAGE LENGTH OF SECOND STAGE INFANT'S CONDITION AT BIRTH  HRS. MIN.  HRS. MIN.  HRS. MIN.  CHARACTER OF CRY RESUSCITATION USED (Type)  SUCTION USED (Type)  RESPIRATORY STIMULANT USED (Type)  RESPIRATORY STIMULAN												Р								
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INITIAL PHYSICAL PHYS										SIG	NATURI	F OF	OBSTE	TRICI	AN			_	DATE	
EXAMINATION       deformities. Use progress sheet for abnormalities, description, and elaboration.         GEN. APPEARANCE       FACIES       BIRTH WEIGHT       TEMPERATURE       CHARACTER OF CRY LENGTH       MEASUREMENTS: LENGTH       LENGTH       HEAD       CHEST       ABDOMEN         BREATHING       CYANOSIS       SKIN       VERNIX       SUBCUT. TISSUE       PALLOR       ICTERUS         HEAD       FONTANELLES       SUTURES       EYES       EARS       NOSE       MOUTH         THROAT       NECK       CHEST       LUNGS       HEART       MURMURS         ABDOMEN       LIVER       SPLEEN       CORD       GENITALS       ANUS       MECONIUM	INITIAL									s, hemo	rrhage, o	clavi	cles, cep	halhei	matoma,					е
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)  REGISTER NO.  WARD NO.	FAHENIS	יוחבווון א	mide	iyped or writte lle; grade; dat	e; hospital	or medica	e-iast, i al facilit	iirst, ty)			KE	ا داق	ER NU.					WARD I	NU.	

NEWBORN Standard Form 535 PRESCRIBED BY GSA/ICMR 41 CFR 201-45-505 OCTOBER 1975

CONDITION ON	DISCHARGE: (Record any significant phy	rsical findings and summarize any unusua	al observations or therapy during hospitalize	ation)
			00505/50	D14111 A
DISCHARGE FE	EDING: (Use progress notes to record uni	isual feeding behavior)	SPECIFY FO	RMULA
	BREAST			
	BREAST AND COMPLEMENT			
	FORMULA			
_				
	(Amount)	(Number of feedings)		
FOLLOW-UP				
	NURSING VISIT ORDERED			
	OFFICE OF PRIVATE PHYSICIAN	N		
		(Location)	(0-4-)	_
			(Date)	
	REFERRED TO CLINIC			
				_
		(Location)	(Date)	
	SOCIAL SERVICE FOLLOW-UP A	ADVISED. REFERRED TO		
			(Name of social service	agency)
			(13.112.01.013.11	-gy)
SIGNATURE OF	PHYSICIAN		DATE OF DISCHARGE	WEIGHT ON DISCHARGE
PROGRESS NO	OTES (Sign and date all notes)			