

Insert own Trust logo



North West London Perinatal Network

| | | | | | | |
|---|--|---------------------------------|--|----------------------------|-------------------------|--|
| Clinic Date: | | Interpreter required | | Yes / No | | |
| | | Language | | | | |
| NEONATAL FOLLOW UP CLINIC 3 MONTHS CORRECTED AGE | | | | | | |
| Hospital No | | Corrected Gestational Age | | Gestational Age | | |
| Name <i>affix patient label</i> | | Birth Wt | | Current Wt | | |
| Date of Birth | | Birth OFC | | Current OFC | | |
| | | | | Current length | | |
| | | | | Centile | | |
| | | | | Centile | | |
| | | | | Centile | | |
| PERSONAL HISTORY | | | | | | |
| Main Diagnosis | | | | | | |
| Parental Concerns | | | | | | |
| Outstanding Issues/ Hospitalisation | | | | | | |
| Current Issues | | | | | | |
| Respiratory | | CLD | | Yes / No | | |
| | | Domiciliary Home O ₂ | | Yes / No | | |
| | | Flow cc | | No hrs | | |
| | | Palivizumab | | Yes / No | | |
| Comments | | | | | | |
| Feeding | | Breast | | Bottle | | |
| | | Mixed | | Stoma | | |
| | | Tube Feeding | | NJ | | |
| | | PEG | | NG | | |
| | | Name of formula: | | | Solids: Yes / No | |
| | | Weight Gain Satisfactory | | Sub-optimal | | |
| | | Excessive | | Bowel habits Normal | | |
| | | Abnormal | | | | |
| | | GORD | | Yes / No | | |
| | | Comments: | | | | |
| Medication | | Dose and Frequency | | Immunisation | | |
| Multi vitamin | | | | BCG Yes / No | | |
| Sytron | | | | Hep B Yes / No | | |
| | | | | 2 mth DTPV Hib Men C PCV | | |
| | | | | Yes / No | | |
| | | | | 3 mth DTPPV Hib Men C | | |
| | | | | Yes / No | | |
| | | | | 4 mth DTPPV Hib Men C PCV | | |
| | | | | Yes / No | | |
| | | Other | | | | |

Please circle responses

| GENERAL EXAMINATION – please circle | | | | | | | | | |
|---|--|----------------------|----------------|-------------|-------------------------------|---|------------------|-------------------|--------------|
| General Appearance | | Normal | Abnormal | | | | | | |
| Skin | | Birth marks | Yes / No | Other | | | | | |
| CVS | | Murmur | Yes / No | Other | | | | | |
| Respiratory | | | | | | | | | |
| Abdominal | | Normal | Abnormal | | | | | | |
| Hips | | Normal | Abnormal | USS Result | | | | | |
| Spine | | Normal | Abnormal | | | | | | |
| Genitalia | | Normal | Abnormal | | | | | | |
| Anus | | Normal | Abnormal | | | | | | |
| Development – please tick | | | | | Neuromotor – please tick | | | | |
| Domain | Skill | Established | Emerging Skill | Not present | Reflexes | Present | Absent | Asymmetric | |
| | Startles to noise | | | | Moro | | | | |
| | Social smile | | | | Grasp | | | | |
| | Vocalises 2 or more syllables | | | | Stepping | | | | |
| | Deliberately turns eyes and / or head to source of noise | | | | * Fisting | | | | |
| | Lifts head in prone | | | | * Cortical thumbs | | | | |
| | Lifts head and shoulders in prone with forearm support | | | | Tone | Normal | Increased | Floppy | |
| | Reciprocal kicking | | | | Upper limbs | | | | |
| | Hand play in midline | | | | Lower limbs | | | | |
| | | | | | Truncal | | | | |
| | | | | | | | | | |
| Eyes – Squint Yes / No | | | | | Movements | Normal | Paucity | Asymmetric | |
| If yes, Convergent | | Divergent | | | General Movements | | | | |
| BINS test result or other standardised test, ie AIMS / Griffith's / BSID test: | | | | | | | | | |
| BINS – please circle: | | Low Risk | | | Moderate Risk | | | High Risk | |
| Overall Impression - please circle: | | Within normal limits | | | Needs review | | | Abnormal | |
| Comments / Concerns | | | | | Therapist Assessment | | | | |
| Plan | | | | | | | | | |
| | | | | | * Information Leaflets given: | | | | |
| Professionals present (Names) | Consultant | | Community LN | | | Professionals involved (Please tick) | Physiotherapist | | SALT |
| | Physiotherapist | | SpR/SHO | | | | Dietician | | Psychologist |
| | Dietician | | Other | | | | Ophthalmology | | Audiology |
| | | | | | | | Occ Therapist | | |

