

Insert own Trust logo



North West London Perinatal Network

Clinic Date:		Interpreter required		Yes / No		
		Language				
NEONATAL FOLLOW UP CLINIC 6 – 8 WEEK POST DISCHARGE						
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						
Neonatal Summary – please circle				Comments		
PDA		Ligated				
Hearing Screen passed		MRI Scan				
CUSS		ROP				
CLD		Palivizumab				
Domiciliary Home O ₂		Flow cc: No of hrs:				
Current Issues						
Feeding		Breast Bottle Mixed Stoma Tube Feeding NJ PEG NG				
		Name of formula:				
		Weight Gain Satisfactory Sub-optimal Excessive			Bowel habits Normal Abnormal	
		GORD Yes / No Comments:				
Medication		Dose and Frequency		Immunisation		
Multi vitamin				BCG Yes / No 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
	Social Smile				Moro			
	Calms to parents' voice				Grasp			
	Vocalises (coos) in satisfaction				Stepping			
	Responds to sounds							
	Fixes and follows				* Fisting			
	Head control				* Cortical thumbs			
					Tone	Normal	Increased	Floppy
					Upper limbs			
					Lower limbs			
					Truncal			
Eyes – Squint Yes / No					Movements	Normal	Paucity	Asymmetric
If yes, Convergent		Divergent			General Movements			
Overall Impression - please circle: Within normal limits Needs review Abnormal								
Comments / Concerns					Therapist Assessment			
Plan	<p>* Information Leaflets given:</p>							
Professionals present (Names)	Consultant	Community LN			Professionals involved (Please tick)	Physiotherapist	SALT	
	Physiotherapist	SpR/SHO				Dietician	Psychologist	
	Dietician	Other				Ophthalmology	Audiology	
						Occ Therapist		