

Insert own Trust logo



North West London Perinatal Network

Clinic Date:		Interpreter required		Yes / No	
		Language			
NEONATAL FOLLOW UP CLINIC 9 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					
Current Issues/ Hospitalisation					
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		Immunisations up to date Yes / No	
Multi vitamin					

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
	Responds to own name				Moro			
	Polysyllabic babble with a range of sounds				Grasp			
	Sits independently				Stepping			
	Crawling							
	Pulls to stand				* Fisting			
	Points				* Cortical thumbs			
	Pincer grip							
	Claps hands				Tone	Normal	Increased	Floppy
	Waves goodbye				Upper limbs			
	Responds to/understands words, eg 'no'				Lower limbs			
	Mimics or copies sounds and intonation				Truncal			
	Sustains interest (2 mins or more) in picture book							
					Movements	Normal	Paucity	Asymmetric
Eyes – Squint Yes / No					General Movements			
If yes, Convergent					Divergent			
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		

