

#### Your newborn's first week of life!

It's time for their check-up. Your care team at Kaiser Permanente looks forward to seeing your baby for their well visit. At this visit, we will cover many important topics to support your baby's growth, development, wellness, and safety, and we'll give your baby any needed vaccines.

Please take a moment to complete the following questions so we can provide the best care for your baby.

<b>Today's Visit and Family Health</b>	
Who is filling out this questionnaire? _____	
Who else lives with you and your baby? _____	
Please share any questions or concerns for today's visit: _____	
<b>Feeding and Diapers</b>	
Are you feeding your baby anything other than breastmilk or formula?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of the milk your baby drinks each day, how much is breastmilk?	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> None
If you are chest or breastfeeding, do you take medicines or herbal supplements? If <b>Yes</b> , what are you taking? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If your baby is taking formula, do you have any questions about using formula, such as how to prepare or store?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Would you like a referral to meet with our lactation team for help with breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How many wet diapers did your baby have in the past 24 hours? _____	
How many poopy diapers did your baby have in the past 24 hours? _____	
<b>Development</b>	
Is there any history of childhood hearing loss in your baby's extended family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know how to console your baby when they are upset?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Safety</b>	
Does your baby use a rear-facing car seat in the back seat every time they ride in a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your baby sleep on their back in a crib or bassinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know that a temperature of 100.4 or higher, poor feeding, and vomiting are reasons to contact your care team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is everyone in your home current on their flu, tetanus, and COVID vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer