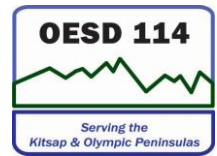




Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



EARLY HEAD START TWO WEEK NEWBORN VISIT ACTION LOG

Baby's Name: _____ Today's Date: _____

Name of Parent/Guardian(s): _____

People Present: _____

Due Date: _____ Birth Date: _____

Birth Weight: _____ Today's Weight: _____

Baby's Medical Home: _____ Doctor Name: _____

Next scheduled doctor's appointment for baby: _____

Baby's General Health (how's baby doing, questions, concerns): _____

Baby's Sleep (sleep patterns, sleep environment): _____

Breastfeeding/Bottle Feeding (questions, concerns, how's it going): _____

Diapers (does baby have at least 4 wet diapers in a 24 hour period?): _____

Adjustment (Mom, Dad, additional family members): _____

Mom's Recovery (sleep, nutrition, overall recovery from birth): _____

Next scheduled doctor appointment for Mom: _____

Do you have a Public Health Nurse (PHN)? Yes No If yes, name of PHN: _____

Next Public Health Nurse appointment scheduled on: _____

Additional Information and Follow-Up Needed: _____

Parent Signature _____ Date _____

Staff Signature _____ Date _____