

NEW BORN

PHYSICAL EXAMINATION RECORD

DATE OF BIRTH _____ BIRTH WEIGHT _____

INITIAL EXAMINATION _____ DATE _____

Code; No Abnormality - 0 Abnormality - X

General Condition and Color	<input checked="" type="checkbox"/>	Eyes	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>
Head and Neck	<input checked="" type="checkbox"/>	E.N.T.	<input checked="" type="checkbox"/>	Genitalia	<input type="checkbox"/>
Skin	<input checked="" type="checkbox"/>	Chest and Lungs	<input type="checkbox"/>	Extremities and Back	<input type="checkbox"/>
Description of Abnormalities		Cardiovascular	<input type="checkbox"/>		

Signature [Signature] M.D.

PROGRESS NOTES AND COMPLICATIONS

Date of Dorsal Slit _____

Date of Circumcision _____

Signature _____ M.D.

DISCHARGE EXAMINATION Date Sept 23 Discharge Weight 8'4

General Condition Good Mouth Clear Umbilicus Dry

Skin Clear Genitalia and Buttocks D Icterus N.I

Eyes Reactive Stools Soft yellow

Feeding Every 3 5-6g x 6.

Signature [Signature] M.D.

DATE _____

I HEREBY CONSENT TO A CIRCUMCISION TO BE PERFORMED ON MY SON

SIGNED _____ Witness _____