

NEWBORN LIAISON REFERRAL

Name:	Gender:	PHN:	Paris Id:
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Header Details

Discharge Date: _____ Discharged to Paris Team 1: _____

Seen by Liaison:

Liaison: _____ Liaison: _____

Liaison: _____

Receiving Team / Health Unit Phoned: Date Faxed: _____

Newborn Liaison Information

Referral Source: _____

Birth Hospital: _____ Birth Date: _____ Birth Time: _____

Birth Location if Other Than Hospital: _____

Responsible Physician/Midwife: _____

Gestational Age: _____ wk Baby Sequence: _____

Apgar Score: 1 minute : _____ 5 minutes : _____ 10 minutes : _____

Blood Type: _____ Highest Bilirubin Value: _____ mg/dl

PKU: _____ Last Bilirubin Value: _____ mg/dl

Outpatient PKU Required: _____ Maternal Hepatitis B Status: _____

Phototherapy: _____ Substance Misuse by Mother During Pregnancy:

Immunizations Given: Primary Caregiver / Household contact(s) Hepatitis B Status: _____

Specify: _____

Voided: Yes No Stooled: Yes No

Feeding At Discharge: _____

Additional Feeding Information

Seen by In-Hospital Resource: Hospital Social Worker MCFD Social Worker Other

Comments

Baby Discharged with Mother: Yes No

Baby Status when Mother Discharged: _____

Comment if Transferred / Discharged to Another Hospital

Anticipated Plan for Baby: _____

Referred to Community Resources

Additional Information / Follow-Up Issues

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Growth Chart

Date Measured	Age	--- Weight --- kg %ile	--- Height --- cm %ile	---- BMI ---- %ile	----- Head ----- Circumference cm %ile	---% Birth --- Wgt Lost	-- Wgt for -- Length %ile	--- Waist --- Hip cm ratio
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Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----