

# Cornerstone Well Child Form – 2-3 weeks

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents, please take a few minutes to answer the following questions regarding your new baby...

## Nutrition

### Breastfed Babies

\_\_\_\_\_ Minutes/feeding

Breast fed every \_\_\_\_\_ hours

### Bottle Fed Babies

\_\_\_\_\_ Ounces/feeding

Bottle fed every \_\_\_\_\_ hours

### Dietary Supplements

None

Yes: \_\_\_\_\_

## Caregiver Concerns

Nutrition Concerns  None

Yes: \_\_\_\_\_

Elimination Concerns  None

Yes: \_\_\_\_\_

Sleep Concerns  None

Yes: \_\_\_\_\_

## Developmental Milestones

Moves arms & legs equally

Fixes on faces

Lifts head

Startles with sound

Other Development Concerns:  None

Yes: \_\_\_\_\_

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## For Office Use Only

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

HC: \_\_\_\_\_

Length: \_\_\_\_\_

Temp: \_\_\_\_\_