

date: \_\_\_\_\_ weight: \_\_\_\_\_

## FIRST PRENATAL VISIT

*tests i had:*

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---

*symptoms/issues we discussed:*

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---

---

*i saw/heard:*

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*doctor's orders:*

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---

*my next appointment is:*

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date: \_\_\_\_\_ weight: \_\_\_\_\_

## **PRENATAL VISIT**

*tests i had:*

---

---

---

*symptoms/issues we discussed:*

---

---

---

*i saw/heard:*

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---

---

*doctor's orders:*

---

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---

*my next appointment is:*

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---

---

date: \_\_\_\_\_ weight: \_\_\_\_\_

## **PRENATAL VISIT**

*tests i had:*

---

---

---

*symptoms/issues we discussed:*

---

---

---

*i saw/heard:*

---

---

---

*doctor's orders:*

---

---

---

*my next appointment is:*

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---

---

date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT

*tests i had:*

---

---

---

*symptoms/issues we discussed:*

---

---

---

*i saw/heard:*

---

---

---

*doctor's orders:*

---

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---

*my next appointment is:*

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---

---

date: \_\_\_\_\_ weight: \_\_\_\_\_

## **PRENATAL VISIT**

*tests i had:*

---

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---

---

*symptoms/issues we discussed:*

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---

---

*i saw/heard:*

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---

*doctor's orders:*

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---

*my next appointment is:*

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# month **7**

date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 1

*tests i had:*

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---

*symptoms/issues we discussed:*

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---

---

*i saw/heard:*

---

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---

---

*doctor's orders:*

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---

---

*my next appointment is:*

---

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date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 2

tests i had:

---

---

---

---

symptoms/issues we discussed:

---

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---

---

i saw/heard:

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---

---

doctor's orders:

---

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---

---

my next appointment is:

---

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# month **8**

date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 1

*tests i had:*

---

---

---

---

*symptoms/issues we discussed:*

---

---

---

---

*i saw/heard:*

---

---

---

---

*doctor's orders:*

---

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---

---

*my next appointment is:*

---

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---

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date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 2

tests i had:

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---

---

---

symptoms/issues we discussed:

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---

---

i saw/heard:

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---

---

doctor's orders:

---

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---

---

my next appointment is:

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# month **9**

date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 1

*tests i had:*

---

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---

*symptoms/issues we discussed:*

---

---

---

---

*i saw/heard:*

---

---

---

---

*doctor's orders:*

---

---

---

---

*my next appointment is:*

---

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---

---

date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 2

tests i had:

---

---

---

---

symptoms/issues we discussed:

---

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---

---

i saw/heard:

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---

---

doctor's orders:

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my next appointment is:

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# month **9**

date: \_\_\_\_\_ weight: \_\_\_\_\_

## **PRENATAL VISIT 3**

*tests i had:*

---

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---

*symptoms/issues we discussed:*

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---

*i saw/heard:*

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---

*doctor's orders:*

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---

---

*my next appointment is:*

---

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date: \_\_\_\_\_ weight: \_\_\_\_\_

## PRENATAL VISIT 4

tests i had:

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---

symptoms/issues we discussed:

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---

---

i saw/heard:

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---

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doctor's orders:

---

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my next appointment is:

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# day **1**

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## **NEWBORN EXAM**

*vaccines/medicines at time of birth:*

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*tests baby had:*

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*symptoms/issues we discussed:*

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---

*doctor's orders:*

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---

---

*baby's next appointment is:*

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---

---

date: \_\_\_\_\_

## POSTPARTUM EXAM

tests i had:

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---

symptoms/issues we discussed:

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---

doctor's orders:

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---

my follow-up appointment is:

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# 3 to 5 days

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## NEWBORN CHECKUP

*vaccines/medicines:*

---

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---

*tests baby had:*

---

---

---

---

*symptoms/issues we discussed:*

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---

---

---

*doctor's orders:*

---

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---

---

*baby's next appointment is:*

---

---



# 1 month

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## NEWBORN CHECKUP

*vaccines/medicines:*

---

---

---

---

*tests baby had:*

---

---

---

---

*symptoms/issues we discussed:*

---

---

---

---

*doctor's orders:*

---

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---

---

*baby's next appointment is:*

---

---

# 2 months

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## NEWBORN CHECKUP

*vaccines/medicines:*

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---

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---

---

*tests baby had:*

---

---

---

---

*symptoms/issues we discussed:*

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---

---

---

*doctor's orders:*

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---

*baby's next appointment is:*

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# 6 weeks after delivery

date: \_\_\_\_\_

## FOLLOW-UP POSTPARTUM EXAM

*tests i had:*

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*symptoms/issues we discussed:*

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*doctor's orders:*

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# 4 months

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## BABY CHECKUP

*vaccines/medicines:*

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---

*tests baby had:*

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---

*symptoms/issues we discussed:*

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---

---

*doctor's orders:*

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---

*baby's next appointment is:*

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# 6 months

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## BABY CHECKUP

*vaccines/medicines:*

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---

*tests baby had:*

---

---

---

---

*symptoms/issues we discussed:*

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---

---

*doctor's orders:*

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---

---

*baby's next appointment is:*

---

---

# 9 months

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## BABY CHECKUP

*vaccines/medicines:*

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---

*tests baby had:*

---

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---

*symptoms/issues we discussed:*

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---

*doctor's orders:*

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---

*baby's next appointment is:*

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# 12 months

date: \_\_\_\_\_

baby's weight: \_\_\_\_\_ length: \_\_\_\_\_ head circumference: \_\_\_\_\_

## BABY CHECKUP

*vaccines/medicines:*

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---

*tests baby had:*

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*symptoms/issues we discussed:*

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*doctor's orders:*

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*baby's next appointment is:*

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