

Nam	e:	
Date	of	Birth:

U3

Dear Parents,

beginning with the U3, the checkups primarily deal with the development of your child. During a checkup, I am often not able to observe things your child normally does at home in more familiar surroundings. Accordingly, I rely partially on your observations for my assessment and have therefore prepared a few questions.

In order to prevent internal bleeding, today your child will receive a final dose of 2 drops of Vitamin K.

Please circle the appropriate answer.

How is your child fed? Formula-fed	Breastfed	
Approximately how many feedings does your child get per day?		
Do you regularly give Vitamin D?	Yes	No
Was your child immunized against Hepatitis B after birth?	No	Yes
Does your child spit up a lot?	No	Yes
Are there problems with their bowl movements?	No	Yes
Is there a time during the day when your child cries a lot? If yes, when?	No	Yes
	V	N.I
Does your child react to noises?	Yes	No
Does your child blink their eyes when there is a sudden bright light or when you take them under a lamp?	Yes	No
Did you notice anything about your child in the first few weeks that causes you concern?	No	Yes
If yes, what is it?		