

**Thomas B. Dawson, M.D.**

**Jaime E. Ramirez, M.D.**

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512-467-1600

**NEWBORN INFORMATION SHEET**

**MOTHER'S INFORMATION**

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Father's Last Name \_\_\_\_\_

**NEWBORN'S INFORMATION**

Newborn's Primary Care Doctor \_\_\_\_\_ Dawson \_\_\_\_\_ Ramirez

Newborn's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Newborn's Birth Weight \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Length \_\_\_\_\_

Newborn's Sex \_\_\_\_\_ Male \_\_\_\_\_ Female Race \_\_\_\_\_

(Please Circle): Breast Fed Bottle Fed Both Breast and Bottle TPN

Was Your Baby Premature \_\_\_\_\_ Yes \_\_\_\_\_ No Gestational Age (weeks) \_\_\_\_\_

Did Baby Receive the First Hepatitis B Vaccine in the Hospital \_\_\_\_\_ Yes \_\_\_\_\_ No

Hospital where baby was born \_\_\_\_\_