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TÜRKİYE ULUSAL AJANSI
TURKISH NATIONAL AGENCY

NEWBORN ANAMNESIS FORM

BABY'S IDENTIFICATION AND ADMISSION INFORMATION

Full Name:	Date and Time of Admission: /
National ID Number:	Protocol Number:
Gender: Female ☐ Male ☐	Date of Birth:
Name of Accompanying Person:	Relationship to the Baby:
Arrival at the Hospital: ☐ In arms ☐ By ambulance ☐ By private vehicle ☐ Other:	

BABY'S HEALTH PROBLEMS-COMPLAINTS

COMPLAINT:	
When did the baby's complaint start?	
Has the baby experienced a similar complaint before?	☐ No ☐ Yes – When: ……
Has the baby had a high fever?	☐ No ☐ Yes ……°C
Has the baby had vomiting?	☐ No ☐ Yes – Number of episodes:…… - Color……
Has the baby had diarrhea?	☐ No ☐ Yes – Number of episodes:…… - Color……
Are there any additional complaints?	☐ No ☐ Yes
ACCOMPANYING ADDITIONAL COMPLAINTS:	☐ Fever ☐ Constantly crying ☐ Difficulty breathing ☐ Inability to sleep ☐ Refusal to breastfeed ☐ Vomiting ☐ Abdominal gurgling ☐ Diarrhea ☐ Constipation ☐ Abdominal pain ☐ Urinary problems ☐ Nasal congestion ☐ Eye discharge ☐ Seizure ☐ Ear discharge ☐ Ear pain ☐ Cyanosis ☐ Jaundice
Known allergies: ☐ None ☐ Yes:	Current medications: ☐ None ☐ Yes:
Previous surgeries: ☐ None ☐ Yes:	Chronic medical conditions: ☐ None ☐ Yes:
What was the baby's last food or fluid intake?	Vaccination status: ☐ Complete ☐ Incomplete – Which ones are missing?:
ADDITIONAL INFORMATION:	

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ADEM AFAT
MAVİ PENCERE Special Education Association
ISTITUTO DEI SORDI DI TORINO
UNIVERSIDADE CATOLICA PORTUGUESA
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BABY'S BIRTH INFORMATION	
Were there any complications during pregnancy?	☐ None ☐ Preeclampsia ☐ Eclampsia ☐ DM ☐ Infection ☐ Bleeding ☐ Prematurity
What was the type of delivery?	☐ Vaginal delivery ☐ Caesarean section
Were there any complications during birth?	☐ No ☐ Nuchal cord ☐ Asphyxia
At how many weeks of gestation was the baby born?	…… weeks
Birth length and weight:	……. cm / ……gr

VITAL SIGNS OF THE BABY					
Blood pressure	**Heart Rate (Pulse)**	**Respiratory rate**	**Body Temperature**	**SpO2 (%)**	**AVPU /GCS**
Current height and weight: ……. cm / ……. gr					

BABY'S NUTRITIONAL INFORMATION	
Can the baby breastfeed?	No ☐ Yes ☐
Suction strength:	☐ Absent ☐ Decreased ☐ Normal
How many times a day does the baby feed:	
Feeding method:	☐Breastfeeding ☐ Formula ☐ Both

MOTHER'S INFORMATION		FATHER'S INFORMATION	
Full name:	Age:	Full name:	Age:
Occupation:		Occupation:	
Chronic ilnesses: ☐ No ☐Yes:		Chronic ilnesses: ☐ No ☐Yes:	
Regular medications: ☐ No ☐Yes:		Regular medications: ☐ No ☐Yes:	
Number of pregnancies / Number of children:		Are parents live together? ☐ No ☐Yes	
Blood type:		Blood type:	

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Any hereditary disease in maternal family?: ☐ No ☐Yes:	Any hereditary disease in paternal family?: ☐ No ☐Yes:
Parental consanguinity?: ☐ No ☐Yes:	Parental consanguinity?: ☐ No ☐Yes:
Any hearing problems: ☐ No ☐Yes:	Any hearing problems: ☐ No ☐Yes:
Lifestyle habits (e.g. smoking, alcohol):	Lifestyle habits (e.g. smoking, alcohol):

TRIAGE LEVEL AND WAITING TIME	Critical	Very urgent	Urgent	Semi urgent	Not urgent
					
	0 minutes	10 minutes	60 minutes	120 minutes	240 minutes

RECOMMENDATIONS AND PLAN	

Details of the Healthcare/ Triage Personnel Taking Anamnesis	
Full Name:	
Title:	Doctor ☐ Nurse ☐ Paramedic ☐ EMT ☐ Other
Signature / Date:	

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Sample Scenarios / Sign Language Recording

NEWBORN ANAMNESIS FORM	
NEWBORN BABY IDENTITY AND APPLICATION INFORMATION	
QUESTIONS – (*HEALTHCARE PROFESSIONAL*) SIGN LANGUAGE	**ANSWERS – (PATIENT RELATIVE) SIGN LANGUAGE**
Hello, I hope everything is okay. Can I have the baby's ID card?	*(MOTHER GIVES BABY'S ID CARD) Here you are.*
What is your name and surname?	*My name is Ayse …. .*
Are you the baby's mother?	*Yes, I am.*
How did you bring your baby to the hospital?	*We came by our car.*

BABY'S HEALTH PROBLEMS-COMPLAINTS	
QUESTIONS: *HEALTHCARE PROFESSIONAL*	**ANSWERS: *MOTHER***
What is your baby's complaint?	*My baby is fine, we brought him in for a check-up.*
	My baby is not breastfeeding.
	My baby has a fever.
	My baby is vomiting.
	My baby has diarrhea.
When did your baby's complaint start?	*It started two days ago.*
Has your baby had a similar complaint before?	*No, he hasn't had a similar complaint before.*
Has your baby had a high fever?	*No, he hasn't had a high fever.*
	Yes, he has. I measured 39 degrees this morning.
Has your child had vomiting?	*No, he hasn't.*
	Yes, usually after breastfeeding.

What color was the vomit?	*It was milk-colored.*
	It was bloody.
Does your baby have diarrhea?	*No, he doesn't have diarrhea.*
	Yes, it started this morning.
What color was the diarrhea?	*It looked normal to me.*
	I saw blood in it.
Does your baby have any other complaints?	*No, there are no other complaints.*
	Yes, he cries constantly.
Does your baby have any allergies?	*I don't know.*
Is your baby taking any medication regularly?	*No, he isn't taking any medication.*
Has your baby had any surgeries?	*No, never.*
Does your baby have any medical conditions?	*No, none.*
Are your baby's vaccinations up to date?	*Yes, they are.*
What was your baby's last food or fluid intake?	*I breastfed the baby.*
Is there any additional information you would like to add regarding your baby's condition?	*No, nothing.*

BABY'S BIRTH INFORMATION	
Were there any problems during pregnancy?	*No, there were no problems.*
Was your baby delivered vaginally?	*Yes, it was a vaginal delivery.*
	No, it was a cesarean delivery.
Were there any complications during delivery?	*No, there were no complications.*
How many weeks pregnant were you when your baby was born?	*My baby was born at 40 weeks.*
Do you know your baby's birth height and weight?	*Yes, my baby was 50 cm and weighed 3 kilograms at birth.*

Do you know your baby's current height and weight?	*No, I don't know.*
May we measure your baby's current height and weight with you?	*Of course, we can.* *(HEALTHCARE PROFESSIONAL MEASURES THE BABY'S HEIGHT AND WEIGHT)*
May we measure your baby's vital signs with you?	*Of course, we can.* *(HEALTHCARE PROFESSIONAL MEASURES THE BABY'S VITAL SIGNS)*

BABY'S NUTRITIONAL INFORMATION	
Is your baby able to breastfeed?	*Yes, my baby is able to breastfeed.* *No, unfortunately my baby cannot breastfeed.*
Is your baby's sucking strength sufficient?	*He cannot breastfeed.* *His sucking strength has decreased.* *Yes, it's pretty good.*
How many times a day do you feed your baby?	*I feed him whenever he cries.* *I feed him every 2 hours.* *I feed him a few times a day.*
What do you feed your baby with?	*I only give breast milk.* *I feed the baby with formula.* *I give both breast milk and formula.*

PARENT INFORMATION **HEALTHCARE PROFESSIONAL ASKS, MOTHER ANSWERS**	
MOTHER INFORMATION	FATHER INFORMATION
What is your occupation?	*What is your baby's father's occupation?*
I am a teacher.	*He is a computer engineer.*
Do you have any medical conditions?	*Does he have any medical conditions?*
No, I don't have any medical conditions.	*No, he doesn't have any medical conditions.*
Yes, I have diabetes.	*Yes, he has hypertension.*
Are you taking any medication?	*Is he taking any medication?*
No, I'm not taking any medications.	*No, he's not taking any medications.*
Yes, I use insulin.	*Yes, he takes medication for high blood pressure.*
How many pregnancies have you had and how many children do you have?	*Do you and the father live together?*

This was my third pregnancy. I have two children.	*Yes, we live together.*
What is your blood type?	*What is the father's blood type?*
A Rh positive.	*B Rh positive.*
Are there any hereditary diseases in your family?	*Are there any hereditary diseases in the father's family?*
I don't know. *My mother had diabetes.*	*I don't know.* *His mother had hypertension.*
Are you related to your spouse by blood?	
No, we're not related.	
Yes, w he is my maternal uncle's son.	
Do you have any hearing problems?	*Does the father have any hearing problems?*
No, I don't have any hearing problems.	*No, he does not have any hearing problems.*
Yes, I have hearing loss.	*Yes, he has hearing loss.*
Do you smoke or drink alcohol?	*Does the father smoke or drink alcohol?*
No, I don't have such habits.	*No, he doesn't have such habits.*
Yes, unfortunately I smoke.	*Yes, unfortunately he smokes.*

TRIAGE LEVEL
HEALTHCARE PROFESSIONAL DETERMINES THE TRIAGE LEVEL AND INFORMS THE MOTHER.

HEALTHCARE PROFESSIONAL:

- *- Your baby's triage level is GREEN.*
- *- This is a semi-urgent condition.You may wait in the waiting area for up to two hours until we call you.*

MOTHER:

- *- Thank you. I feel relieved now. I'll be waiting in the waiting area until you call me.*

(MOTHER HOLDS HER BABY AND MOVES TO THE WAITING AREA.)

HEALTHCARE PROFESSIONAL:

- *- Unfortunately, your baby's condition is very urgent. The triage level is ORANGE.*
- *- We will immediately take your baby to the emergency room and intervene within 10 minutes.*

MOTHER:

- *Thank you. Please help us.*

(HEALTHCARE PROFESSIONAL IMMEDIATELY TAKES THE BABY FROM THE MOTHER'S ARMS AND MOVES TO THE EMERGENCY ROOM.)