



About Us

Today's Date: _____

Parent(s) Name(s): _____

Baby Name: _____

My Baby's Facts:

The day you were born was _____, 20____

You were born at _____ weeks _____ days

You weighed _____ grams/kilograms = _____ lbs

When I first saw you, I thought you looked _____

What I think your medical team should know about you (or us) now:

The hospital closest to our home is _____



Date: _____

Time I arrived at today: _____

Time I left: _____

The things I did today with my baby:

- Attended Education Session
- Attended Medical Rounds
- Skin to Skin
- NNS/Breastfeeding

Questions I may have for the doctor or nurse:

Today's Goal(s):

You may wish to include...

- Your goals for tomorrow
- What you are proud of today
- What you are worried about
- Interesting observations
- Names of visitors
- Description of what your baby looks like now (hair, eyes, clothes)
- How you felt when you cared for your baby today (Kangaroo Care, bath, feeds)

