Newborn Essentials List

Newborn Essentials List

Tick each item as you gather or confirm it. Add anything specific to your own circumstances in the blank rows.

Name: _____ **Date completed:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Record / MRN number:** _____

Prepared by: _____ **Date:** _____ dd / mm / yyyy

Tick each item once it is confirmed or packed. Use the blank rows for anything specific to you.

ESSENTIALS

- [ ] Essentials item 1
- [ ] Essentials item 2
- [ ] Essentials item 3
- [ ] Essentials item 4
- [ ] Essentials item 5
- [ ] Essentials item 6
- [ ] Essentials item 7

DOCUMENTS AND PAPERWORK

- [ ] Documents and paperwork item 1
- [ ] Documents and paperwork item 2
- [ ] Documents and paperwork item 3
- [ ] Documents and paperwork item 4
- [ ] Documents and paperwork item 5

USEFUL BUT OPTIONAL

- [ ] Useful but optional item 1
- [ ] Useful but optional item 2
- [ ] Useful but optional item 3
- [ ] Useful but optional item 4
- [ ] Useful but optional item 5
- [ ] Useful but optional item 6

ANYTHING ELSE

Item: _____ **Quantity:** _____

Who is bringing it: _____ **Confirmed:** _____

Item: _____ **Quantity:** _____

Who is bringing it: _____ **Confirmed:** _____

Item: _____ **Quantity:** _____

Who is bringing it: _____ **Confirmed:** _____

Item: _____ **Quantity:** _____

Who is bringing it: _____ Confirmed: _____

Item: _____ Quantity: _____

Who is bringing it: _____ Confirmed: _____

Item: _____ Quantity: _____

Who is bringing it: _____ Confirmed: _____

Item: _____ Quantity: _____

Who is bringing it: _____ Confirmed: _____

Item: _____ Quantity: _____

Who is bringing it: _____ Confirmed: _____

NOTES

Notes