

## Questions and Notes for the Premie Professionals

Name of Medical Professional: \_\_\_\_\_

Circle One: Pediatrician Specialist    Therapist    Other: \_\_\_\_\_

### Feeding:

Details: \_\_\_\_\_

Questions: \_\_\_\_\_

### Sleeping:

Details: \_\_\_\_\_

Questions: \_\_\_\_\_

### Bodily Processes:

Details: \_\_\_\_\_

Questions: \_\_\_\_\_

### Illnesses/Symptoms of Illness:

Details: \_\_\_\_\_

Questions: \_\_\_\_\_

### Development:

Details: \_\_\_\_\_

Questions: \_\_\_\_\_

### Specific Concerns/Issues:

Details: \_\_\_\_\_

Questions: \_\_\_\_\_

### Prescriptions/Refills Needed:

Details: \_\_\_\_\_

Side Effects: \_\_\_\_\_