

Well Child Care 4 months

Name :

DOB:

Date:

Do you have any concerns today ? No Yes _____

Nutrition/Review of systems	yes	no	Review of systems/symptoms	yes	no
Breast feeding ?			Any Vision Problems?		
Bottle feeding ?			Any hearing problems?		
Eating solids ?			Any breathing problems ?		
Spits up ? if yes, is spitting up forceful ?			Any skin problems?		
Drinks milk? _____oz/day			Any heart problems ?		
Drinks juice ? _____oz/day			Sleep through the night?		
Bowel movements normal ?			Any past bad reactions from immunizations ?		
Has hard stool /cries with bowel movements ?			Any lead poisoning risks?		
Immunizations up to date?			Any TB Exposure?		
Social/Family History:					
Parents working outside home <input type="checkbox"/> Mom <input type="checkbox"/> Dad			Maternal depression ?		
Child care ?			Changes since last visit ?		
Oral Health risk Assessment:					
Mother or primary care giver had active tooth decay in past 12 mo ?			Mother or primary caregiver has a dentist ?		
Special health care needs child?			Medicaid eligible ?		
Developmental Questions: Does your baby					
Turn toward your voice?			Hold head steady when sitting?		
Laugh and squeal?			Roll over?		
Open hands to grab a rattle?			When held upright, are baby's feet flat on a surface?		
Grab a toy, look at it and put it in her mouth?			When she sees the breast or bottle, does she know she is about to feed?		
Push chest up to elbows ?			Symmetry in movements?		
Safety issues:					
Family violence & substance abuse? circle			Car seat rear facing?		
Exposed to passive smoking?			Water heater temp set 120°F maximum		
Fall ,Fire and Burn precaution in place ?			Medication, personal hygiene products, alcohol , cleaning supplies ,trash containers out of reach?		
Family history:					
High cholesterol ,Triglycerides			Obesity		
Diabetes			Early Heart disease ,Hypertension		

Anticipatory guidance: discussed and /or handout given

Family Functioning : domestic violence time for self/partner

Infant Development: social development Communication skills physical (tummy time) daily routine sleep

Nutrition & Feeding: breast feeding (Vitamin D, Iron supplement) iron-fortified formula solid foods : when & how to add

Weight gain & growth spurts Elimination

Oral Health : do not share utensils/pacifier Avoid bottle in bed

Safety: car safety seat Burns (hot liquids, water heater) Falls Infant walkers Drowning Choking lead poisoning

Immunization: Risks, benefits, side effects, alternative refused, vaccine refusal form signed.

Signature of parent/guardian:

Provider Signature: