PriorityHealth

WELL CHILD EXAM-INFANCY: 4 Months

DATE

PATIENT NAME	DOB	SEX	PARENT/GUARDIAN NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section

Birth Wt.: _____ Gestation: _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition
☐ Breast every _____ hours
☐ Formula ____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand
_____
☐ City water ☐ Well water
Solids ☐ Y ☐ N

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (5-6 hours at night) ☐ Abnormal
Additional area for comments on page 2

WIC
☐ Y ☐ N

Maternal Infant Health Program
☐ Y ☐ N

Screening and Procedures:
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Screen If At Risk
☐ Hct or Hgb _____

Immunizations:
☐ Immunizations Reviewed
☐ Immunizations Given & Charted – *if not given, document rationale*
☐ DTaP ☐ IPV ☐ HepB ☐ Hib ☐ PCV
☐ Rota
☐ MCIR checked/updated
☐ Acetaminophen ____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Early On® ☐ Transportation
☐ Maternal Infant Health Program (MIHP)
☐ Children Special Health Care Needs
☐ Other referral_____
☐ Other _____

Anticipatory Guidance/Health Education
(√ if discussed)

Safety
☐ Appropriate car seat placed in back seat
☐ Use safety belt and don't drive under the influence of alcohol or drugs
☐ Keep home and car smoke-free
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Don't use baby walkers
☐ Check home for sources of lead

Nutrition
☐ Breastfeed or give iron-fortified formula
☐ Avoid foods that contribute to allergies
☐ Introduce solid foods at 4-6 months
☐ Wait one week or more to add new food

Oral Health
☐ Discuss teething
☐ Discuss good family oral health habits
☐ Don't share spoon or put pacifier in your mouth to clean.

Infant Development
☐ Consoling a fussy baby
☐ Put baby to sleep on back/Safe Sleep
☐ Learn baby's temperament
☐ Talk, sing, play music, and read to baby
☐ Establish daily and bedtime routines

Family Adjustment
☐ Encourage partner to help care for infant
☐ Take time for self and spend time alone with your partner
☐ Keep in contact with friends, family
☐ Family Planning
☐ Choose responsible babysitters
☐ Discuss child care, returning to work
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Baby cannot be spoiled by holding, cuddling or rocking

Other Anticipatory Guidance Discussed:
_____
_____

Next Well Check: 6 months of age

Developmental Surveillance on Page 2
Page 3 required for Foster Care Children

Provider Signature:

See Next Page

Page 2 - WELL CHILD EXAM-INFANCY: 4 Months – Developmental Surveillance
(This page may be used if not utilizing a Validated Developmental Screener)

DATE	PATIENT NAME	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	**Please tell me any concerns about the way your baby is behaving or developing** _____
☐	☐	**My baby cries when upset and seeks comfort.**
☐	☐	**My baby smiles and laughs.**
☐	☐	**My baby is sleeping well.**
☐	☐	**My baby is eating and growing well.**
☐	☐	**My baby can see and hear.**
☐	☐	**My baby likes to look at and be with me.**
☐	☐	**My baby reaches for objects and can hold them.**
☐	☐	**My baby rolls or tries to roll over from tummy to back.**
☐	☐	**My baby lets me know what it wants and needs.**

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	**I am sad more often than I am happy.**
☐	☐	**I have more good days with my baby than bad days.**
☐	☐	**I have people who help me when I get frustrated with my baby.**
☐	☐	**I am enjoying my baby more days than not.**

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Infant Development			Parent Development		
Holds head upright in prone position	Yes	No	Looks at infant and shares baby's smiles	Yes	No
Laughs responsively	Yes	No	The parent comforts baby effectively	Yes	No
Follows past midline	Yes	No	Parent and baby are interested in and respond to each other	Yes	No
No persistent fist clenching	Yes	No	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable	Yes	No
Raises body on hands	Yes	No	Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)		
Seeks eye contact with parent	Yes	No			

Additional Notes from pages 1 and 2:

Staff Signature: _____ **Provider Signature:** _____

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Updated 4/2011

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 - FOSTER CARE WELL CHILD EXAM-INFANCY: 4 Months

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: Phone Number:		□ Parent □ Foster Parent □ Relative Caregiver (specify relationship)_____ □ Caseworker

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

□ **Yes Please attach completed physical form utilized at this visit**

□ **No If no, please state reason physical exam was not completed**_____

_____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date_____

Screener Used: □ **ASQ** □ **ASQSE** □ **PEDS** □ **PEDSDM** □ **Other tool:**_____ **Score:** _____

Referral Needed: □ **No** □ **Yes**

Referral Made: □ **No** □ **Yes Date of Referral:**_____ **Agency:** _____

Current or Past Mental Health Services Received: □ **No** □ **Yes (if yes please provide name of provider)**

Name of Mental Health Provider:_____

EPSDT Abnormal results:

_____

_____

_____

_____

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

_____

_____

Provider Signature: _____

Provider Name_____

Please print

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Updated 4/2011

PARENT HANDOUT SHEET

Your Baby's Health at 4 Months

Milestones

Ways your baby is developing between 4 and 6 months of age.

- Babbles using single consonants such as "dada" or "baba"
- Smiles, laughs, and squeals responsively
- Rolls over from front to back
- Shows interest in toys
- Tries to pass toys from one hand to the other
- May get upset when separated from familiar person(s)
- Sits with support
- Enjoys a daily routine

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org
- Text4Baby for health and development information - http://www.text4baby.org/

For families of children with special health care needs:

Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

If you're concerned about your child's development:

Contact Early On Michigan at 1-800-327-5966 or Project Find at http://www.projectfindmichigan.org/ or call 1-800-252-0052

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

For help finding childcare:

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at: http://www.michigan.gov/michildcare

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Always keep one hand on your baby when he is on a bed, sofa, or changing table so he does not roll off.

Safety Tips

Never leave your baby alone in your home, car or community.

Use a rear-facing car seat for your baby on every ride. Buckle her up in the back seat, away from the air bag.

Keep the Poison Control Center phone number by your phone: 1-800-222-1222

Health Tips

Check-ups are a good time to ask the doctor or nurse questions about your baby. Make a list of questions before you go.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit. Babies can get shots even when they have a slight cold.

Your baby is still getting all the nutrition he needs from breast milk or formula. Try to keep breast-feeding until your baby is at least 12 months old. Talk to your doctor about when to start your baby on cereal or other solid foods. This usually happens when your baby is 5 or 6 months old.

Check how your baby sees and hears. Watch to see if her eyes follow moving objects. Watch to see if she turns toward a loud or sudden sound.

Keep putting your baby to sleep on his back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by himself in a crib or portable crib.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Sing, talk, read to and play with your baby every day. Look at your baby and repeat the sounds she makes.

Put your baby on his tummy to play on the floor. Put toys close to him so he can reach for them.

Try to make a daily routine for you and your baby.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

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