One Month

WELL CHILD VISIT

Revised March 2012

Name	BIRTH DATE	AGE ❑M ❑F	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE

ID NUMBER	CURRENT MEDICATIONS	DRUG ALLERGIES
	See other side for current medication list	

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	DATE/TIME

See growth chart.

BF = Bright Futures Priority Item

History

BF ❑ Previsit Questionnaire reviewed
BF ❑ Child has special health care needs
Newborn Screening ❑NL
Hearing Screening ❑NL

BF Concerns/questions raised by _____
❑ None ❑ Addressed (see other side)

BF Follow-up on previous concerns ❑ None ❑ Addressed (see other side)

BF ❑ Medication Record reviewed and updated

Social/Family History

BF **Family situation** ❑ Single Parent

BF Parent adjustment to new child _____

BF Maternal Depression ❑ Yes ❑ No _____

PHQ 9	❑ Pass	❑ Refer
PHQ 2	❑ Pass	❑ Refer
Edinburgh	❑ Pass	❑ Refer

BF Observation of parent-child interaction _____

BF Reaction of siblings to new child _____

BF Work plans _____

BF Child care plans _____
Heat source _____

BF ❑ Tobacco Exposure

Review of Systems

BRIGHT FUTURES

☑ = NL

Date of last visit _____
Changes since last visit _____

Nutrition: ❑ Breast milk Minutes per feeding _____
Hours between feeding _____ Feedings per 24 hours _____
Problems with breastfeeding _____
❑ Formula Ounces per feeding _____
Source of water _____ Vitamins/Fluoride _____

Elimination: ❑ NL _____

Sleep: ❑ NL _____

Behavior: ❑ NL _____

Development (if not reviewed in Previsit Questionnaire)

❑ SOCIAL-EMOTIONAL
*If upset, able to calm
❑ PHYSICAL DEVELOPMENT
*Able to lift head when on tummy
❑ COMMUNICATIVE
*Recognizes parents' voices
*Follows parent with eyes
❑ COGNITIVE
*Has started to smile

(see other side for plan, immunizations and follow-up)

Physical Examination

☑ = Reviewed w/Findings **OR** ☑ NL = Reviewed/Normal

❑ GENERAL APPEARANCE _____ ❑NL
❑ SKIN (rashes, jaundice) _____ ❑NL
BF ❑ **HEAD / FONTANELLE (positional skull deformities)** _____ ❑NL
BF ❑ **EYES (red reflex/strabismus/appears to see)** _____ ❑NL
❑ EARS/APPEARS TO HEAR _____ ❑NL
❑ NOSE _____ ❑NL
❑ MOUTH AND THROAT _____ ❑NL
❑ NECK _____ ❑NL
❑ LUNGS _____ ❑NL
BF ❑ **HEART** _____ ❑NL
BF ❑ **FEMORAL PULSES** _____ ❑NL
BF ❑ **ABDOMEN** _____ ❑NL
❑ HERNIA _____ ❑NL
❑ GENITALIA _____ ❑NL
❑ Male/Testes down _____ ❑NL
❑ Female _____ ❑NL
BF ❑ **NEUROLOGIC / GAIT (tone, strength, symmetry)** _____ ❑NL
❑ EXTREMITIES _____ ❑NL
BF ❑ **MUSCULOSKELETAL (torticollis)** _____ ❑NL
BF ❑ **HIPS** _____ ❑NL
❑ NO DYSMORPHISMS _____ ❑NL
❑ HYGIENE _____ ❑NL
❑ BACK _____ ❑NL

BF Comments _____

Assessment

BF ❑ Well Child

Anticipatory Guidance

☑ = Discussed and/or handout given

❑ Identified at least one child and parent strength
❑ Raising Reader book given

BRIGHT FUTURES

❑ PARENTAL WELL-BEING
❑ FAMILY ADJUSTMENT
❑ FEEDING ROUTINES
- Breastfeeding (400 IU vitamin D supplement)
- Iron-fortified formula
- Solid foods (wait until 4-6 months)
- Elimination (5-8 wet diapers, 3-5 stools)

❑ INFANT ADJUSTMENT
- Tummy time
- Encourage daily routines
- Back to sleep
- Sleep location
- Techniques to calm

❑ SAFETY
- Car safety seat (infant rear facing)
- Falls
- No strings around neck
- No shaking
- Smoke-free environment
- Sun safety

One Month WELL CHILD VISIT

NAME	Male Female	Medical Record Number	DOB Actual age (weeks): O 3 O 4 O 5 O 6

Current Medications _____

_____

_____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ❑Yes ❑No
If no, immunizations given today. ❑Yes ❑No
ImmPact2 record reflects current immunization status: ❑Yes ❑No

_____

_____

❑ Immunization plan/comments _____

_____

_____

❑ Ask about WIC

BF Laboratory/Screening results _____

_____

_____

_____

Hearing screen _____
❑Previously done Date completed _____

Newborn blood spot screen _____
❑Previously done Date completed _____

MaineCare Member Support Requested
❑ Transportation to appointments
❑ Find dentist
❑ Find other provider
❑ Make doctor's appointment
❑ **Public Health Nurse referral**
❑ Family aware

_____

_____

_____

_____

_____

BF Referral to _____

_____

BF Follow-up/Next Visit _____

_____

Narrative Notes:

EXAMINER'S SIGNATURE	DATE

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor Mary C. Mayhew, Commissioner