HealthPlus OF MICHIGAN

WELL CHILD EXAM-INFANCY: 4 Months

DATE

PATIENT NAME	DOB	SEX	PARENT NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

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 (4 hours) ☐ Abnormal

☐ Abnormal Findings and Comments

If yes, see additional note area on next page

WIC ☐ Y ☐ N **ISS** ☐ Y ☐ N

Screening:

Hearing

☐ Responds to Sounds

☐ Neonatal ABR or OAE results in chart

Vision

☐ Looks at faces

☐ Parental observation/concerns

Neonatal Metabolic Screen in Chart

☐ Y ☐ N Test Date: _____

☐ Normal ☐ Pending ☐ Today

Immunizations:

☐ Immunizations Reviewed, Given & Charted – *if not given, document rationale*

☐ DTaP ☐ IPV ☐ HepB ☐ Hib ☐ PCV

☐ MCIR checked/updated

☐ Acetaminophen ____ mg. q. 4 hours

Next Well Check: 6 months of age

Developmental Questions and Observations on Page 2

Provider Signature:

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 ☐ ISS ☐ Early On

☐ Children Special Health Care Needs

☐ Transportation

☐ Other_____

☐ Other _____

Anticipatory Guidance/Health Education

(√ if discussed)

Healthy and Safe Habits

Injury and Illness Prevention

☐ Appropriate car seat placed in back seat
☐ Keep home and car smoke-free
☐ Safety Locks on Cabinets/smoke detectors
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Wash hands often/clean toys
☐ Childproof home - (hot liquids, cigarettes, alcohol, poisons, medicines, outlets, cords, small/sharp objects, plastic bags, safety locks)
☐ Put baby to sleep on back/Safe Sleep
☐ Crib Safety
☐ Never shake baby
☐ Avoid direct sun
☐ Know signs of illness/emergency procedures
☐ Don't use baby walkers

Nutrition

☐ Breastfeed or give iron-fortified formula
☐ If breastfeeding only, give iron supplement
☐ Introduce solid foods at 4-6 months
☐ Wait one week or more to add new food

Oral Health

☐ Don't put baby to bed with bottle
☐ Discuss teething
☐ Discuss good family oral health habits

Parent-Infant Interaction

☐ Laugh with baby
☐ Learn baby's temperament
☐ Console, hold, cuddle, rock, play with baby
☐ Talk, sing, play music, and read to baby
☐ Daily and Bedtime Routine

Family Support and Relationships

☐ 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, Domestic Violence, Depression

Community Interaction

☐ Consider parenting classes
☐ Maintain ties to community

See Next Page

WELL CHILD EXAM-INFANCY: 4 Months

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:** _____

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health.

Your Baby's Health at 4 Months

Milestones

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

Says "dada" or "baba".

May be unsure of strangers.

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 with questions at 1-800-994-WOMAN (9662). Or visit the website at: http://www.4woman.gov/breastfeeding**

Car seat safety:
Contact the Auto Safety Hotline at 1-888-327-4236.

For information about childhood development:
Contact EarlyOn Michigan at 1-800-327-5966 or the Michigan Head Start Associations at 1-517-374-6472.

For information about childhood immunizations:
Call the National Immunization Program Hotlines at 1-800-232-2522 (English) or 1-800-232-0233 (Spanish).

For help finding childcare:
Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-517-373-8300.

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233)

Safety Tips

Always keep one hand on your baby when he/she is on a bed, sofa, or changing table so he/she 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 him/her up in the back seat, away from the air bag.

Keep the Poison Help Line 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.

Remember to bring your baby's immunization card with you to every visit. Babies can get immunizations ('shots") even when they have a slight cold.

Your baby is still getting all the nutrition he/she needs from breast milk or formula. Try to keep breast-feeding until your baby is at least 12 months old. Wait to give your baby cereal or other solid foods until he/she is at least 5 or 6 months old.

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

Keep putting your baby to sleep on his/her back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by him/herself 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 he/she makes.

Put your baby on their tummy to play on the floor. Put toys close to him/her so he/she 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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