

NAME:
DOB:
GENDER:     MALE     FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

### HISTORY

See new patient history form

#### INTERVAL HISTORY:

NKDA                      Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues, including

Maternal Depression: Y     N

Findings:

#### DEVELOPMENTAL SURVEILLANCE

- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

#### NUTRITION\*:

Breastmilk

Min per feeding: \_\_\_\_\_ Number of feedings in last 24 hrs: \_\_\_\_\_

Formula (type) \_\_\_\_\_

Oz per feeding: \_\_\_\_\_ Number of feedings in last 24 hrs: \_\_\_\_\_

Water source: \_\_\_\_\_ fluoride: Y     N

Solids \_\_\_\_\_

*\*See Bright Futures Nutrition Book if needed*

### IMMUNIZATIONS

Up-to-date

Deferred - Reason:

Given today:    DTaP                      Hep B                      Hib

IPV                      PCV                      Hib-Hep B

Rotavirus        DTaP-IPV-Hep B                      DTaP-IPV/Hib

### LABORATORY

Tests ordered today:

### UNCLOTHED PHYSICAL EXAM

See growth graph

Weight: \_\_\_\_\_ ( \_\_\_\_\_ %)    Length: \_\_\_\_\_ ( \_\_\_\_\_ %)

Head Circumference: \_\_\_\_\_ ( \_\_\_\_\_ %)

Heart Rate: \_\_\_\_\_    Respiratory Rate: \_\_\_\_\_

Temperature (optional): \_\_\_\_\_

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

- |               |              |                 |
|---------------|--------------|-----------------|
| Appearance    | Mouth/throat | Extremities     |
| Head/fontanel | Neck         | Back            |
| Skin          | Heart/pulses | Musculoskeletal |
| Eyes          | Lungs        | Hips            |
| Ears          | Abdomen      | Neurological    |
| Nose          | Genitalia    |                 |

Abnormal findings:

Additional:

Subjective Vision Screening:    P    F

Subjective Hearing Screening:    P    F

### HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

Selected health topics addressed in any of the following areas\*:

- Family Interaction
- Oral Health
- Infant Development/Behavior
- Safety
- Nutrition

*\*See Bright Futures for assistance*

### ASSESSMENT

### PLAN/REFERRALS

Referral(s):

Return to office:

Signature/title

Signature/title

Name:

Medicaid ID:

**Typical Developmentally Appropriate Health Education Topics**

**4 Month Checkup**

- Maintain consistent family routine
- Promote language using simple words
- Provide age-appropriate toys, remove small toys/pins/plastic pieces
- Read books and talk about pictures/story using simple words
- Hold to bottle-feed, no bottle propping
- Introduce cereal when ready
- No bottle in bed
- No microwave to heat milk
- Store breastmilk in freezer
- Store prepared formula (for daily use only) in refrigerator
- Clean mouth/teeth with soft cloth twice a day
- Crib safety with slats  $\leq 2\text{-}3/8"$
- Do not leave alone in bath water
- Home safety for fire/carbon monoxide poisoning
- Keep hand on infant when on bed or changing on table/couch
- No shaking baby (Shaken Baby Syndrome)
- Provide safe/quality day care, if needed
- Sleep in crib on back with no loose covers
- Use rear-facing car seat in back seat of car until 12 months and 20 pounds
- Water heater at  $<120^\circ$

**HEARING CHECKLIST FOR PARENTS (OPTIONAL)**

Ages	Yes	No
<b>3 to 6 months</b>		<ul style="list-style-type: none"> <li>Looks to see where sounds come from</li> <li>Becomes frightened by an angry voice</li> <li>Smiles when spoken to</li> <li>Likes to play with toys or objects that make noise</li> <li>Babbles (uses a series of sounds)</li> <li>Makes at least 4 different sounds when using his or her voice</li> <li>Babbles to people when they speak</li> </ul>

**EARLY CHILDHOOD INTERVENTION (ECI)**

**The ECI referral form is available at:**  
<http://txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf>