

NAME _____ **DOB** _____ **AGE** _____ **SEX** _____ **WGT** _____ **HGT** _____ **HEAD CIRC** _____ **SCREEN DATE** _____

ALLERGIES _____ **CURRENT MEDS** _____

HISTORY

Concerns and questions _____

Follow up on previous concerns _____

See Initial History No change _____

Interval History Change _____

SOCIAL/FAMILY HISTORY

See Initial History No change _____

Interval History Change _____

Family Situation No change _____

Parents working outside home Mother Father

Child care Yes No Type _____

Changes since last visit Yes No _____

CURRENT HEALTH INDICATORS

See Initial History No change

Interval History Change _____

Nutrition Breast Bottle

Formula _____

Ounces/fed _____

Hours between feeding _____

Feeding/24 hours _____

Vitamins _____

Elimination NL _____

Sleep NL _____

Behavior NL _____

Toxic Exposure

Passive Smoking Yes No

Development

Growth Plotted on growth chart

Gross Motor

Holds head erect

Raises body on hands with head up

Rolls front to back

Fine Motor

Reaches for and grabs objects

Brings hands together

Begins to bat at objects

Sensory

Responds to sounds

Follows objects with eyes

Looks at and may become excited by mobile

Recognizes parent's voice and touch

CURRENT HEALTH INDICATORS (CONTINUED)

Communication

Coos

Blows bubbles, makes "raspberry sounds"

Social

Social smile

Laughs or squeals

Other

May sleep for at least 6 hours

Able to comfort self (e.g., fall asleep without breast or bottle.)

PHYSICAL EXAMINATION

✓=NL

General Appearance

Skin

Head

Fontanelle

Eyes Red Reflex Appears to see

Ears External Internal Appears to hear

Mouth Throat Nose

Lungs

Heart

Abdomen

Genitalia Male - testes down Female

Extremities Hips Back

Femoral pulses Right _____ Left _____

Neurological

Abnormal findings/comments:

ANTICIPATORY GUIDANCE/HEALTH EDUCATION

Discussed Handouts given

Nutrition: Milk

Breast feeding

Formula (supplement or if not breast fed)

Wait 4-6 months for solid foods

No honey

Elimination

Sleep: Back to sleep

Blankets/pillows

Own crib

Development/Behavior

Social

Communication

Physical

ANTICIPATORY GUIDANCE/HEALTH EDUCATION (CONT)

Injury Prevention

Auto/car seat

Falls

No strings around neck

No shaking

Burns

Smoke detector

Water heater

Fire retardant clothes

Sun

Guns

PLAN

Immunizations (see Vaccine Administration Record) UTD

Labs Hgb/Hct Other _____

REFERRALS

Development

One delay - rescreen at next visit

Two or more delays - **Referred to:**

Further Medical Treatment/Diagnosis - **Referred to:**

FOLLOW UP /NEXT VISIT:

Please Print Facility or Clinician Name

Signature of Clinician

