AMERICAN ACADEMY OF PEDIATRICS WELL CHILD/4 MONTHS VISIT DOCUMENTATION FORM

ACCOMPANIED BY: Eileen Downing, mother
DATE/TIME:
Name: Jacob Downing
DRUG ALLERGIES:
CURRENT MEDICATIONS:
ID NUMBER:

WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	TEMPERATURE	BIRTH DATE	AGE
5.4 Kg (10th%) See growth chart.	59 cm (5th%)	42 cm	99.4		4 months (M) F

History

Concerns and questions

Follow-up on previous concerns

Interval history ⊥ None

Social/Family History

See Initial History Questionnaire. ⊥ No interval change

Family situation ⊥ No interval change

Parents working outside home: ⊥ Mother ⊥ Father

Child care: ⊥ Yes ⊥ No Type

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

⊥ No interval change

Changes since last visit

Nutrition: ⊥ Breast ⊥ Bottle

Formula ____ Ounces/day ____

Solid foods

Source of water ____ Vitamins

Elimination: ⊥ NL

Sleep: ⊥ NL

Behavior: ⊥ NL

Toxic exposure: Passive smoking ⊥ Yes ⊥ No

Development

- ⊥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
- ⊥SENSORY
  - ⊥Responds to sounds
  - ⊥Follows objects
- ⊥COMMUNICATION
  - ⊥Coos
  - ⊥Blows bubbles, makes "raspberry sounds"
- ⊥SOCIAL
  - ⊥Social smile
  - ⊥Laughs or squeals

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Physical Examination

"= NL

- ⊥GENERAL APPEARANCE
- ⊥HEAD/FONTANELLE
- ⊥EYES/RED REFLEX/STRABISMUS/ APPEARS TO SEE
- ⊥EARS/APPEARS TO HEAR
- ⊥NOSE
- ⊥MOUTH AND THROAT
- ⊥LUNGS
- ⊥HEART
- ⊥FEMORAL PULSES
- ⊥ABDOMEN
- ⊥GENITALIA
  - ⊥MALE/TESTES DOWN
  - ⊥FEMALE
- ⊥EXTREMITIES/HIPS
- ⊥BACK
- ⊥SKIN
- ⊥NEUROLOGIC

Abnormal findings and comments

Assessment

⊥ Well child

Anticipatory Guidance

Discussed and/or handout given

- ⊥NUTRITION
  - ⊥Milk
    - ⊥Breastfeeding
    - ⊥Formula (supplement or if not breastfed)
  - ⊥Solid foods
    - ⊥When and how to add
    - ⊥No honey
- ⊥ELIMINATION
- ⊥SLEEP
- ⊥BEHAVIOR AND DEVELOPMENT
  - ⊥Social
  - ⊥Communication skills
  - ⊥Physical
- ⊥INJURY PREVENTION
  - ⊥Auto/Car seat
  - ⊥Burns
    - ⊥Smoke detectors
  - ⊥Falls
  - ⊥Choking
  - ⊥Sun
  - ⊥Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory results

Follow-up/Next visit

Print Name	Signature
NURSE	
PHYSICIAN	

WELL CHILD/4 months

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