



Date	Patient Name	DOB
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**Developmental Questions and Observations**

Ask the parent to respond to the following statements about the infant:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Please tell me any concerns you have about the way your baby is behaving or developing:<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby cries when upset and seeks comfort.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby smiles and laughs.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby is sleeping well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby is eating and growing well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby can see and hear.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby likes to look at and be with me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby reaches for objects and can hold them.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby rolls or tries to roll over from tummy to back.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby lets me know what he/she wants and needs.  |

Ask the parent to respond to the following statements:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | I have more good days with my baby than bad days.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my baby. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. <i>(Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)</i>		
Seeks eye contact with parent	Yes	No			

Additional notes from pages 1 and 2:

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**Family History Update**

Since your last visit, have there been any changes in your family history? Include:

- Deaths: who \_\_\_\_\_ what age \_\_\_\_\_
- New medical diagnosis: who \_\_\_\_\_ what age \_\_\_\_\_
- Anything else in your family history you have concerns or questions with: (Refer to Family History form)

**Staff Signature:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_

## Patient Education:

### Your Baby's Health at 4 months

#### Milestones: Ways your baby is developing between 4 and 6 months

- Says “dada” or “baba”
- May be unsure of strangers
- Smiles, laughs, and squeals responsively
- Rolls over from front to back
- Shows interest in toys, sits with support
- Tries to pass toys from one hand to the other
- May get upset when separated from familiar person(s)

#### 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.
- 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: 800 222-1222

#### Health Tips

- Check-ups are a good time to ask the doctor or nurse questions about your baby. Make a list 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 breastfeeding 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/nurse before your next visit if you have questions on 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:
  - o Make sure your child is in a safe place (like a crib) and walk away.
  - o Call a good friend to talk about what you are feeling.
  - o Call the Parent Helpline at 800 942-4357 (in Michigan). It's free! 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.

## For Help or More Information

### **Priority Health**

Customer Service 616 942-1221 or 800 446-5674

Medicaid 888 975-8102

Behavioral Health 616 464-8500 or 800 673-8043

*priorityhealth.com*

### **Depression**

Surrounding pregnancy and childbirth

*www.depressionafterdelivery.com/Home.asp*

### **Domestic Violence**

National Domestic Violence Hotline

800 799-SAFE (7233)

### **Breastfeeding, Food and Health Information**

Women, Infant, and Children (WIC) Program

800 262-4784

The National Women's Health Information Center Breastfeeding Helpline

800 994-WOMAN (9662) *www.4woman.gov/breastfeeding*

LA LECHE League 847 519-7730 *www.lalecheleague.org*

### **Special Health Care Needs**

Children Special Health Care Services, MDCH Family 800 359-3722

### **Car Seat Safety**

Auto Safety Hotline 888 327-4236

### **Childhood Development**

Early On Michigan 800 327-5966

Michigan Head Start Association 517 374-6472

### **Childhood Immunizations**

National Immunization Program Hotlines

800 232-2522 (English) or 800 232-0233 (Spanish)

### **Childcare**

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services

517 373-8300

### **Domestic Violence Hotline**

800 799-SAFE (7233)