

# Well Child Exam



Infancy: 4 months

Date									
Patient name		DOB	Sex	Parent name					
Allergies				Current medications					
Prenatal/family history						Ethnicity			
Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				
<b>Birth history</b>									
Birth wt: _____		Apgar: _____		Gestation: _____		<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section		Complications <input type="checkbox"/> Y <input type="checkbox"/> N	

**Interval history**  
(include injury/illness, visits to other health care providers, changes in family or home)

\_\_\_\_\_

\_\_\_\_\_

Apnea  Yes  No  Monitor

**Nutrition**

Breast every \_\_\_\_\_ hours

Formula \_\_\_\_\_ oz. every \_\_\_\_\_ hours With iron Y  N

Type or brand \_\_\_\_\_

City water  Well water  Flouride prescribed

Solids Y  N

**Elimination**

Normal  Abnormal # of stools/day \_\_\_\_\_

**Sleep**

Normal (3-6 hours at night)  Abnormal

Abnormal findings and comments

If yes, see additional note area on next page

**Screening**

**Hearing**

Responds to sounds

Neonatal ABR or OAE results in chart

Subjective hearing - Parental observation/concerns

**Vision**

Looks at faces

Parental observation/concerns

**Neonatal Metabolic Screen in chart**

Y  N Test date \_\_\_\_\_

Normal  Pending  Today

**Developmental surveillance**

Social-Emotional  Communicative

Cognitive  Physical Development

**Psychosocial/behavioral assessment**

Y  N

**Screening for abuse**

Y  N

**Immunizations**

Immunizations reviewed, given, and charted – if not given, document rationale

DTaP  IPV  HepB  Hib  PCV

MCI checked/updated  VIS given  Rota

Acetaminophen \_\_\_\_\_ mg. q. 4 hours

WIC  Y  N ISS  Y  N

**Developmental questions and observations on page 2**

Patient unclothed  Y  N

Review of Symptoms	Physical Exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes/rash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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  Transportation

Maternal Infant Health Program (MIHP)

Children special health care needs

Priority Health Case Mgmt 800 998-1037

Other \_\_\_\_\_

**Next Well Check: 6 months of age**

Provider signature:

X \_\_\_\_\_

**Anticipatory guidance/health education**  
(√ if discussed)

**Healthy and safe habits**

**Injury and illness prevention**

Appropriate car seat placed in back seat

Use safety belt and don't drive under the influence of alcohol or drugs

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/no OTC drugs, 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

Check home for sources of lead

**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

Don't share spoon or put pacifier in your mouth to clean

**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

Baby cannot be spoiled by holding, cuddling or rocking

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, child abuse, domestic violence prevention, depression

**Community interaction**

Consider parenting classes

Maintain ties to community

Other anticipatory guidance discussed:

\_\_\_\_\_

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

    Please tell me any concerns you have 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 he/she 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	<b>Please note:</b> 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

## Infancy: 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)
- Enjoys a daily routine

### 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

- “Well child” check-ups help keep your baby healthy. Try not to miss these doctor visits beginning at 2 months. If you do, call for another appointment. Check-ups are due at 2, 4, 6, 9, 12 and 15 months of age.
- 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 to prevent Sudden Infant Death Syndrome (SIDS). 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.
- Ask your doctor to test your baby for lead poisoning between ages 6 and 12 months and again at 24 months. Lead is a chemical that is harmful to children. It can cause permanent learning disabilities and other health problems.

### 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:
  - Make sure your child is in a safe place (like a crib) and walk away.
  - Call a good friend to talk about what you are feeling.
  - 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](http://priorityhealth.com)

### Depression

Surrounding pregnancy and childbirth

[depressionafterdelivery.com/Home.asp](http://depressionafterdelivery.com/Home.asp)

### Domestic violence

National Domestic Violence Hotline

800 799-SAFE (7233) or online at [ndvh.org](http://ndvh.org)

### Breastfeeding, food and health information

Women, Infant, and Children (WIC) Program

800 26-BIRTH (262-4784)

The National Women's Health Information Center Breastfeeding Helpline

800 994-WOMAN (9662), [4woman.gov/breastfeeding](http://4woman.gov/breastfeeding)

LA LECHE League 800 LALECHE (525-3243), [lalecheleague.org](http://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 or online at [safercar.gov](http://safercar.gov)

To locate a Child Safety Seat Inspection Station, call 866 SEATCHECK (732-8243) or online at [seatcheck.org](http://seatcheck.org)

### Childhood development

Early On Michigan 800 327-5966

Michigan Head Start Association 517 374-6472

### Childhood immunizations

National Immunization Program Hotlines

800 232-4636 (English) or 800 232-0233 (Spanish) or [cdc.gov/vaccines](http://cdc.gov/vaccines)

### Childcare

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

517 373-8300

### Domestic violence hotline

800 799-SAFE (7233), [ndvh.org](http://ndvh.org)

### Lead screening

Michigan Department of Community Health Hotline, 800 648-6942