### WELL CHILD EXAM-INFANCY: 4 Weeks

#### PATIENT NAME

DOB

SEX

PARENT NAME

#### Allergies

#### Prenatal/Family History

<table>
<thead>
<tr>
<th>Weight</th>
<th>Percentile</th>
<th>Length</th>
<th>Percentile</th>
<th>HC</th>
<th>Percentile</th>
<th>Temp.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>BP (if risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
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</tbody>
</table>

#### Birth History

Birth Wt.: _Gestation: _

Complications: □ Vaginal □ C-Section

#### Interval History:

(Include injury/illness, visits to other health care providers, changes in family or home)

#### Anticipatory Guidance/Health Education

(√ if discussed)

#### Safety

□ Appropriate car seat placed in back seat

□ Keep home and car smoke-free

□ Keep hot liquids away from baby

□ Smoke detectors

□ Don’t leave baby alone in tub or high places; always keep hand on baby

□ Water temp. <120 degrees/test with wrist

□ Never shake baby

#### Nutrition

□ Hold baby when feeding/don’t prop bottle

□ Breast on demand or feed iron-fortified formula

□ Delay solid foods until 4-6 months

#### Infant Care

□ Thermometer use; antipyretics

□ Wash hands often

□ Avoid direct sun/use children’s sunscreen

□ Emergency procedures

#### Infant Development

□ Consistent feeding/sleep routines

□ Put baby to sleep on back/Safe Sleep

□ Tummy time while awake

□ Console, hold, cuddle, rock, play w/baby

#### Family Adjustment

□ Take time for self and partner

□ Substance Abuse, Child Abuse, Domestic Violence Prevention

□ Discuss child care, returning to work

#### Parental Well Being

□ Postpartum Check-up, Family Planning

□ Baby blues, postpartum depression

□ Accept help from partner, family & friends

### Review of Systems

<table>
<thead>
<tr>
<th>Systems</th>
<th>N</th>
<th>A</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Skin/nodes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Head</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Eyes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ears</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Nose</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Gums/palate</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Neck</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lungs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Heart/pulses</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Abdomen</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Genitalia</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Spine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Extremities/hips</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Neurological</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

#### 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 □ Early On³ □ Transportation

□ Maternal Infant Health Program (MIHP)

□ Children Special Health Care Needs

□ Other referral ____________________

□ Other ____________________

### Next Well Check: 2 months of age

Developmental Surveillance on Page 2

Page 3 required for Foster Care Children

Provider Signature:
Developmental Questions and Observations

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Please tell me any concerns about the way your baby is behaving or developing:</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My baby looks at me and listens to my voice.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My baby calms down when picked up.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My baby is sleeping well.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My baby is eating well, sucking well.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My baby can hear sounds.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My baby looks at my face.</td>
<td></td>
</tr>
</tbody>
</table>

Ask the parent to respond to the following statements:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am sad more often than I am happy.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have more good days with my baby than bad days.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have people who help me when I get frustrated with my baby.</td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Infant Development</th>
<th>Parent Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cries, coos, and smiles</td>
<td>Yes</td>
</tr>
<tr>
<td>Infant responds to soothing</td>
<td>Yes</td>
</tr>
<tr>
<td>Infant listens to voices</td>
<td>Yes</td>
</tr>
<tr>
<td>Infant fixates on human face, follows with eyes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lifts head momentarily</td>
<td>Yes</td>
</tr>
<tr>
<td>Moves arms, legs, and head</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Staff Signature: ________________________________  Provider Signature: ________________________________
<table>
<thead>
<tr>
<th>DATE</th>
<th>CHILD’S NAME</th>
<th>DOB</th>
</tr>
</thead>
</table>

Name and phone number of person who accompanied child to appointment:
Name: ________________________________
Phone Number: __________________________

□ Parent □ Foster Parent □ Relative Caregiver (specify relationship) ________________ □ Caseworker

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**Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements**

- □ Yes Please attach completed physical form utilized at this visit
- □ No If no, please state reason physical exam was not completed

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**Developmental, Social/Emotional and Behavioral Health Screenings**
Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date________________

Screener Used: □ ASQ □ Peds □ PEDSDM □ Other tool: __________________ Score: __________

- Referral Needed: □ No □ Yes
- Referral Made: □ No □ Yes Date of Referral: __________ Agency: ________________________________

Current or Past Mental Health Services Received: □ No □ Yes (if yes please provide name of provider)
Name of Mental Health Provider: ______________________________________________________

**EPSDT Abnormal results:**

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Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

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Provider Signature: ____________________________________________
Provider Name ________________________________ Please print
PARENT HANDBOOK

Your Baby’s Health at 4 Weeks

Milestones
Ways your baby is developing between 4 weeks and 2 months of age.

- Looks at your face when you hold him, follows you as you move
- Pays attention to your voice
- Shows she hears sounds by startling, blinking, or crying
- Moves arms and legs, tries to lift head when lying on tummy
- Tells you what he needs by fussing or crying

For Help or More Information

Breastfeeding, food and health information:
- Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.
- The National Women’s Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243), or visit the website at: www.lalecheleague.org
- Text4Baby for health and development information: http://www.text4baby.org/

For families of children with special health care needs:
Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

Car seat safety:
- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Depression after delivery:
For information on depression after childbirth visit this website: http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you’re concerned about your child’s development:
Contact Early On Michigan at 1-800-327-5966 or Project Find at http://www.projectfindmichigan.org or call 1-800-252-0052

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips
Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

NEVER shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

Health Tips
Learn to know when your baby is hungry, so you can feed her before she cries. Your baby may get fussy or turn her head toward your body when you hold her.

Breast milk is the perfect food for babies for at least the first year. Try to breast-feed as long as possible.

If you are giving your baby a bottle, hold him in your arms during feedings. Your baby needs this special time with you.

Immunizations (Shots) protect your baby from many very serious diseases. Make sure your baby gets all of her shots on time.

To lower the chance of your baby dying from Sudden Infant Death Syndrome (SIDS), ALWAYS put your baby to sleep on his back in a crib or bassinet. There should be no soft bedding, blankets, pillows, bumper pads, sheepskins, or stuffed toys in the crib or bassinet.

If you or your baby’s caregivers smoke, then STOP smoking. Ask visitors who smoke to go outside away from your baby. No one should smoke in the car or other areas when your baby or other children are present.

Keep your baby away from people who have colds and coughs. Make sure that people who hold or care for your baby wash their hands often.

Call your baby’s doctor or nurse before your next visit if you have any questions or worries about your baby.

Parenting Tips
Help your baby learn by playing and talking with him.

Give your baby the gift of your attention. Take lots of time to hold her, look into her eyes, and talk softly.

Comfort your baby when he cries. Your baby fusses and cries to try to tell you what he wants. Holding will not spoil him.

Your baby needs “tummy time” to strengthen muscles. Place your baby on her tummy when she is awake.

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:
1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). 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.