

Are there things you need help with?

How confident are you filling out medical forms by yourself? Extremely Somewhat Not at all

How is life at home?

| | | | |
|--|-----|----|-----------|
| Is your family working well together? | yes | no | maybe |
| Is there a lot of stress in your family? | yes | no | sometimes |
| Is there smoking or vaping in your home? | yes | no | sometimes |
| Is anyone drunk or high around your child? | yes | no | sometimes |
| Has anyone hurt, hit, or threatened you or your child? | yes | no | maybe |
| Are you treated with respect by your partner and others at home? | yes | no | sometimes |

Over the past year:

| | | | |
|--|-----|----|-------|
| Have you used alcohol or drugs more than you meant to? | yes | no | maybe |
| Did you want or need to cut down on your drinking or drug use? | yes | no | maybe |

Over the last year, have you had what you needed: (please circle)

| | | | | |
|------------------|---|---|--|----------------------------------|
| Food | we always have enough to eat | we worry we will run out | we run out some months | we often don't have enough |
| Housing | we have a secure home with utilities without problems | we worry we will lose our home or utilities | There are serious problems with our home | we don't have a steady home |
| Transportation | we can always get where we need to go | we usually can get where we need to go | we often can't get where we need to go | we can't get to important things |
| Phone | we always have a reliable phone | we usually have a phone | We can only text when on wifi | we have no phone or text |
| Health insurance | We have reliable health insurance | We can't afford our out-of-pocket costs | We worry we will lose our insurance | Some of us have no insurance |
| Child care | We don't need childcare | We have reliable childcare that we can afford | We can't find reliable childcare | We can't afford childcare |

One Month Check Up - Doctor's Page

Name: _____ Age: _____ Date: _____

Vaccines given today: other: _____

- See vaccine registry for vaccine administration details
- Prior reaction and immunizations reviewed and explained, VIS given

Reminders:

- Hearing test passed
- Hep B received and in registry
- Metabolic screen normal
- Birth records reviewed
- Family history form reviewed
- Vitamin D recommended

Physical exam: (check if normal)

- see EMR for vitals and growth charts
- General appearance
- Skin (no jaundice)
- Head (fontanel)
- Eyes (red reflex EOM cover/uncover)
- ENT (palate intact)
- Lungs
- Heart (femoral pulses)
- Abdomen (umbilicus)
- Genitalia (descended testes, circ)
- Extremities (hips)
- Neurological (milestones consistent with history)
- Parent child interaction

Assessment:

- well baby - no concerns

Plan:

- follow up 2 months for WCC w/ routine vaccines scheduled
- WIC referral

Topics discussed:

- Social determinates of health
- postpartum depression

- 1 month handouts given after reviewing with patient:

Signature: _____