

## Two Month Check Up - Parent's Page

Name:	Brought in by:	Date:
Allergies:	Medicines: Vitamin D?	Phone number:

What concerns do you want to talk about today?

Any illnesses, accidents, ER visits, visits to other doctors since last visit?

Please tell me about your baby's sleep: \_\_\_\_\_

Please tell me about your baby's diet: \_\_\_\_\_

How hard is it to tell what your baby wants? \_\_\_\_\_

### Safety:

Does your baby ride in a rear-facing car seat in the back seat?	yes	no	sometimes
Does your baby sleep on his or her back?	yes	no	sometimes
Do have your water heater set at 120°?	yes	no	maybe
Is there lead paint in or on your home?	yes	no	maybe
Is there a lot of stress in your family?	yes	no	sometimes

Do you have concerns about your child's behavior? not at all somewhat very much

Do you have concerns about your child's learning or development? not at all somewhat very much

What are those concerns: \_\_\_\_\_

### DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Makes sounds that let you know he or she is happy or upset . . . . .	0	1	2
Seems happy to see you . . . . .	0	1	2
Follows a moving toy with his or her eyes . . . . .	0	1	2
Turns head to find the person who is talking . . . . .	0	1	2
Holds head steady when being pulled up to a sitting position . . . . .	0	1	2
Brings hands together . . . . .	0	1	2
Laughs . . . . .	0	1	2
Keeps head steady when held in a sitting position . . . . .	0	1	2
Makes sounds like "ga," "ma," or "ba" . . . . .	0	1	2
Looks when you call his or her name . . . . .	0	1	2

## Two Month Check Up - Doctor's Page

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Vaccines given today:**                       PediaRx                       HIB                       Prevnar

other: \_\_\_\_\_

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

### Reminders:

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

### Physical exam: (check if normal)

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

### Assessment:

- well baby - no concerns

### Plan:

- follow up 4 months for WCC w/ routine vaccines                       scheduled

Topics discussed:

- Two month well child handouts given after reviewing with patient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_