

Four 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?

Did your baby have any trouble with last visit's vaccines? _____

Please tell me about your baby's sleep: _____

Please tell me about your baby's diet: _____

Does your baby have teeth yet? _____

Baby's safety and welfare:

Does your baby ride in a rear-facing car seat in the back seat?	yes	no	sometimes
Do you feel confident in selecting child care?	yes	no	maybe
Do you have working smoke detectors?	yes	no	maybe
Is there a lot of stress in your family?	yes	no	sometimes

Would you like to become pregnant in the next year yes no maybe

Are you feeling confident as a parent? yes no maybe

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			
	Not Yet	Somewhat	Very Much
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
Rolls over	0	1	2
Passes a toy from one hand to the other	0	1	2
Looks for you or another caregiver when upset	0	1	2
Holds two objects and bangs them together	0	1	2

Four Month Check Up - Doctor's Page

Name: _____ Age: _____ Date: _____

Vaccines given: PediaRx HIB Prevnar

other: _____

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

Reminders:

- Family history documented
- Registration complete w/ insurance numbers

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 and EOM cover/uncover)
- Lungs
- Abdomen (umbilicus)
- Extremities (hips)

Assessment:

- well baby - no concerns

Plan:

- Follow up at 6 months Scheduled

Topics discussed:

- 4 month hand-outs reviewed and given.

Signature: _____