



Name _____ DOB _____ Age _____ Date _____

Historian(s) _____ Relationship(s) to Pt _____ Allergies _____

Medications _____

Concerns _____

Temp _____ T R Height _____ in = _____ % Weight _____ # _____ oz = _____ % Head _____ in = _____ %

Breastfeeding _____ min q _____ hrs

Formula _____ / _____ oz q _____ hrs

Solids Yes No

Well Water Yes No

If Yes Polyvi-flor w iron script written

Problems with:

Appetite Yes No

Spitting Yes No

Constipation Yes No

Sleep Yes No

Hearing:

Responds to sound/coos Yes No

Vision:

Regards face Yes No

Developmental:

Reaches for objects Yes No

Transfers objects Yes No

No head lag Yes No

Rolls both ways Yes No

Sits in tripod support Yes No

Problem List Changes Yes No

If yes chart updated

SEEK screen given to caregiver/pt

EPDS score _____ (≥10 positive)

Physical Exam

√ = normal X = abnormal

- General
- Head
- Fontanel
- Neck
- Eyes
- Ears
- Nose
- Mouth/Throat
- Lungs
- Heart
- Abdomen
- Genitalia
- Spine
- Extremities
- Hips
- Skin
- Neuro

Notes:

Safety:

- Car Seat, Face Backwards
- Smoke Free/Smoke Detectors
- Hot Water <120 °/Supervise Bath
- No Baby Walkers
- Sun Exposure / Insect Repellant
- Falls, drop crib

Health:

- Introducing solids
- Introduce cup, finger foods
- Avoid honey, shellfish
- Baby bottle tooth decay, brushing
- Safety in others care
- Teething

Social:

- Support for Parents
- Household members _____

Impression: _____

Plan:

- Anticipatory Guidance
- Polyvisol w iron- 1 dropper daily Fluoride (well water)- Script written
- Immunizations Pediarix, PCV, Rota Flu or UTD
- Individual vaccine component counseling provided by physician or NP
- SEEK and EPDS screens reviewed and outcome discussed

RTC in 3 months and/or _____

Signed _____

6 MONTHS

Nurse Initials _____