

<b>WELL CHILD - 4 months</b>					
Visit Date: ___/___/___			DOB: ___/___/___ Age: _____		
Language: <input type="checkbox"/> English Other: _____			<input type="checkbox"/> Interpreter used – Name: _____		
T: _____	P: _____	RR: _____	H.C. _____	Length: _____ in.	Weight: _____ lb. <input type="checkbox"/> Growth charts completed
Reason for visit: <input type="checkbox"/> well visit					
Allergies: _____				Signature/ Title: _____	

<b>INTERVAL HISTORY:</b> <input type="checkbox"/> Exposure to tobacco smoke		<b>GROWTH and DEVELOPMENT</b>	
Diet: <input type="checkbox"/> breast <input type="checkbox"/> formula <b>WIC:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Prone lifts head/chest	<input type="checkbox"/> Rolls side to side
Appetite: _____ <b>TB risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Head steady when sitting	<input type="checkbox"/> Kicks
<b>Elimination:</b>		<input type="checkbox"/> Eyes track 180°	<input type="checkbox"/> Grasps/grabs
<b>Sleep:</b>		<input type="checkbox"/> Laughs	<input type="checkbox"/> Orients to voice
Illnesses: _____		<b>EDUCATION / ANTICIPATORY GUIDANCE:</b> <i>Check if discussed</i>	
Childcare: _____		<b>Diet</b>	<input type="checkbox"/> feeding routine <input type="checkbox"/> weight loss/gain
<b>PARENTAL CONCERNS</b>		<input type="checkbox"/> breast feeding support <input type="checkbox"/> no milk / honey	
_____		<b>Safety</b>	<input type="checkbox"/> car seat <input type="checkbox"/> sleeping position <input type="checkbox"/> walkers
_____		<input type="checkbox"/> fall prevention <input type="checkbox"/> smoke exposure <input type="checkbox"/> sun screen	
_____		<b>Guidance</b>	<input type="checkbox"/> teething <input type="checkbox"/> aspiration / choking <input type="checkbox"/> mobility
_____		<input type="checkbox"/> fever <input type="checkbox"/> language stimulation <input type="checkbox"/> spoiling	
_____		<input type="checkbox"/> no discipline yet <input type="checkbox"/> bedtime/sleep patterns	
_____		<input type="checkbox"/> family dynamics <input type="checkbox"/> parental time out	

**PHYSICAL EXAMINATION – note required for all not WNL**

<b>General Appearance</b>	<input type="checkbox"/> well nourished and developed <input type="checkbox"/> no abuse/neglect evident	<b>Femoral pulses</b>	<input type="checkbox"/> normal bilaterally
<b>Head</b>	<input type="checkbox"/> symmetrical <input type="checkbox"/> AF open _____ cm	<b>Abdomen</b>	<input type="checkbox"/> soft, no masses <input type="checkbox"/> liver & spleen normal
<b>Eyes</b>	<input type="checkbox"/> appears to see <input type="checkbox"/> red reflex = bilaterally	<b>Genitalia</b>	<input type="checkbox"/> grossly normal
<b>Ears</b>	<input type="checkbox"/> canals clear <input type="checkbox"/> TMs normal <input type="checkbox"/> appears to hear	<i>male:</i>	<input type="checkbox"/> circumcised <input type="checkbox"/> testes in scrotum L R
<b>Nose/ mouth</b>	<input type="checkbox"/> patent <input type="checkbox"/> MM pink, no lesions	<b>Spine</b>	<input type="checkbox"/> normal, no sacral dimple
<b>Neck</b>	<input type="checkbox"/> supple / no masses	<b>Extremities</b>	<input type="checkbox"/> no deformities, full ROM
<b>Lungs</b>	<input type="checkbox"/> clear to auscultation bilaterally	<b>Hips</b>	<input type="checkbox"/> good abduction, no clicks
<b>Heart</b>	<input type="checkbox"/> regular rhythm <input type="checkbox"/> no murmur	<b>Skin</b>	<input type="checkbox"/> clear, no significant lesions
		<b>Neurologic</b>	<input type="checkbox"/> normal tone <input type="checkbox"/> normal DTR's

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>ASSESSMENT:</b>	<b>PLAN:</b>
_____	_____
_____	_____
_____	_____

**ORDERS:**  Vaccine reactions, risks and follow-up explained /VIS sheets given  Immunization registry entry

**Immunizations:**  DTaP  Hib  IPV  Prevnar  Rotavirus  Hep B (if not up to date)

Other: \_\_\_\_\_

**REFERRAL:**  WIC Other: \_\_\_\_\_  PM 160 completed

**Next appointment:**  2 months Other: \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_