

Name				Accompanied by	
Date	MRN	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Preferred Language	

ATTACH LABEL

CAREGIVER CONCERNS/INTERVAL HISTORY: None

PAST MEDICAL HISTORY Reviewed and updated

SURGICAL HISTORY Reviewed and updated

FAMILY HISTORY Reviewed and updated

MEDICATIONS None

Reviewed and updated

ALLERGIES No known drug allergies

- Nutrition:** Breast feeding: _____ times/day
 Pumped breast milk _____ oz/day
 Formula _____ oz/day
 Vitamin D (When breastfeeding)
 Multivitamin with iron (for premature infants)

- Water Source:** City tap Filtered/bottled
 Well: regularly tested? Yes No

- Elimination: YES NO**
 Soft, easy to pass BMs _____
 Issues with constipation _____
 Normal urine stream _____

- Sleep:** Longest sleep stretch through the night ____ hrs
YES NO
 Safe sleep environment _____
 Put to bed awake at night and naps _____
 Back to sleep _____
 Bottle in bed _____

RISK ASSESSMENT

- | | | |
|-----------------------|-----------------------|------------------------|
| HIGH | LOW | |
| <input type="radio"/> | <input type="radio"/> | Vision Concerns _____ |
| <input type="radio"/> | <input type="radio"/> | Hearing Concerns _____ |
| <input type="radio"/> | <input type="radio"/> | Anemia _____ |

DEVELOPMENT: Screen or refer if concerns

- YES NO**
- Looks at you, moves, smiles, or makes sounds to get or keep your attention
 - Makes sounds like "oooo", "aahh" (cooing)
 - Turns head towards the sound of your voice
 - If hungry, opens mouth when he sees breast or bottle
 - Looks at her hands with interest
 - Holds head steady without support when you are holding him
 - Holds a toy when you put it in her hand
 - Brings hands to mouth
 - Pushes up onto elbows/forearms when on tummy

Caregiver concerns about development:

SOCIAL HISTORY: Reviewed and updated

Lives with: 1 parent 2 parents Other caregiver

Others (including siblings):

FAMILY RISK FACTORS:

Changes in family since last visit:

Caregiver job status:

Do you need additional assistance with any of the following?

- Getting enough to eat Relationships Drug abuse
- Violence/Abuse Financial Alcohol abuse
- Health Insurance Child care
- Other _____

Maternal/Caregiver PHQ2 Depression Screening:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0-Not at all 1-Several days
 2-More than half the days 3-Nearly every day

Little interest or pleasure in doing things 0 1 2 3

Feeling down, depressed, or hopeless 0 1 2 3

Total score _____

For scores 3 or over please complete PHQ9

PHYSICAL EXAMINATION

Length _____ cm (_____ %ile)	Weight _____ Kg (_____ %ile)	Head circumference _____ cm (_____ %ile)
Newborn Metabolic Screen:	<input type="checkbox"/> normal <input type="checkbox"/> abnormal _____	
Newborn Hearing Screen:	<input type="checkbox"/> passed <input type="checkbox"/> refer/fail _____	
VITALS:	Temp: _____	BP (if high risk) ____/____ (_____ %ile _____ %ile)
		HR: _____
		Resp Rate: _____
		SpO ₂ _____

Normal examination findings are listed below. Describe other findings in the area provided.

General: Well appearing, active, and alert. _____

Head: Normocephalic and atraumatic. Anterior fontanelle open and flat. _____

Eyes: Red reflex, present bilaterally. Pupils equal, round, and reactive to light. No discharge. _____

ENT: No ear deformities. Normal external canals. Tympanic membranes clear bilaterally. Nares patent. _____

Mouth: No oral lesions or thrush. _____

Neck: Supple, with full range of motion. _____

Cardiovascular: Regular rate and rhythm. Heart sounds S1, S2 normal. No murmur. _____

Chest: No increased work of breathing. Clear and symmetric breath sounds bilaterally. _____

Abdomen: Soft, non-distended, no masses, no hepatosplenomegaly. _____

Genitourinary: _____

Normal female external genitalia. _____

Normal male external genitalia. Testes descended bilaterally, no scrotal swelling, no inguinal hernia. _____

Musculoskeletal: Spine normal. Negative Ortolani and Barlow maneuvers. Moves all extremities symmetrically. _____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions. _____

Birthmarks (if applicable) _____

Other comments:

ATTACH LABEL

ANTICIPATORY GUIDANCE:

SOCIAL DETERMINANTS OF HEALTH:

- Environmental lead risk
- Family relationships and support
- Child care

FAMILY WELL-BEING:

- Make time for self, partner and family/friends
- Quality child care
- Discuss adjustment of older siblings

FAMILY NUTRITION/ORAL HEALTH:

- General guidance on feeding
- Solid food readiness
- Ask about supplements, OTC meds
- No bottle propping or bottle in bed
- Discuss teething & oral hygiene

BEHAVIOR:

- Range of infant behaviors and temperaments
- Self-calming
- Bedtime and feeding routines enhance sense of security
- Total sleep hours should be around 12-16 hours, including nap times
- Teach infant to put self to sleep; crying won't hurt baby
- Playtime

SAFETY:

- May roll and put things in mouth (small objects, plastic bags)
- Discuss lead in home (especially before 1978) & parental occupational hazards - farmers, plumbers, welders
- If smoking in home: discuss quitting, limiting exposure
- Reinforce water heater
- Safe sleep
- Car seat safety
- Influenza and Covid-19 vaccine for household contacts

ASSESSMENT

Well Child Exam

- Normal findings (normal interval growth, age appropriate development)
- Abnormal findings _____

PLAN OF CARE (see Anticipatory Guidance)

Immunizations:

- Vaccine Information Statements given
- Vaccine counseling given
- Vaccines due:
 - HepB
 - DTaP
 - Rotavirus
 - Hib
 - PCV13
 - IPV

Catch-up vaccinations given _____

High risk: MenACWY-CRM (Menveo) ≥2 mos

Past adverse reactions to immunizations:

No Yes _____

See current guidelines: <https://www.cdc.gov/vaccines/index.html>

LAB: (Hb/Hct if high risk)

Developmental Follow-up:

- No delays
- Follow-up in office
- Referral

1st Five Healthy Mental Development Initiative: In available counties, contact 1st Five for developmental concerns or needs assessment at idph.iowa.gov/1stfive

Early ACCESS Line: For referral of children birth to age 3 with developmental delay to local Early Access providers, call (888) 425-4371 or go to: iafamilysupportnetwork.org

Healthy Families Line: For assistance with care coordination, transportation, or health information for children birth through age 21 call (800) 369-2229

Return appointment:

- Follow-up in 2 months _____
- Follow-up hearing screen if at risk _____
- Other/referral based on risk assessment _____

Signature _____ Date _____

ATTACH LABEL

NOTES

[Empty rectangular box for notes]

ATTACH LABEL