WELL CHILD ASSESSMENT 3 TO 4 MONTHS

AGE:	WEIGHT:	LENGTH:	HEAD CIRC:	
TEMP:	PULSE	RESP.		MA Signature:

INTERVAL HISTORY

Diet:

Illness:

Problems:

Immunization Reaction:

Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

- ☐ Prone Lifts Head 90°
- ☐ Head Steady Sitting
- ☐ Laughs/Squeals
- ☐ Grasps Rattle
- ☐ Follows to 180°
- ☐ Rolls Over One Way

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental			
Chest/Lungs			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: Breast/Formula, Solids, Vitamins with Iron

Tobacco: Second-Hand Smoke

Safety: No shaking, Bath Safety, Smoke Detector, Burns 911, Car Seats

Parenting: Spoiling, Sleep Patterns, Fever Control

Dental: Fluoride/Cleaning Gums, Avoid Sweets, Orthodontic Pacifier, No bottle in Crib

☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT

PLAN

- ☐ Hepatitis B #2
- ☐ DtaP #2
- ☐ Hib #2
- ☐ IPV #2
- ☐ Prevnar #1

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: _____

Provider Signature