WELL CHILD ASSESSMENT 5 TO 6 MONTHS

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

INTERVAL HISTORY

Diet:

Illness:

Problems:

Immunization Reaction:

Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

☐ Pulled to Sit–No Head Lag ☐ Sits Briefly Alone

☐ Reaches for Object ☐ Gums Objects

☐ Smiles Spontaneously ☐ Babbles

☐ Rolls Over Both Ways ☐ Turns to Sound

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

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

EDUCATION (Circle Items Discussed)

Nutrition: Breast/Formula, Solids, Vitamins with Fe, Cup
Tobacco: Second-Hand Smoke
Safety: Play Pen, Poisoning Safe High Chair, Child Proof Home, Bath Safety, Folk Remedies
Parenting: Talk, Play, Exercise, Bonding, Schedule (rising/bedtime), Teacher, Offers Cup, Fever Control
Dental: Fluoride/Cleaning Gums, Avoid Sweets, No Bottle in crib
☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PLAN

☐ Hepatitis B #3 ☐ DtaP #3 ☐ Hib #3 ☐ IPV #3

☐ Prevnar #2

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