

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	<b>Name</b>		
DRUG ALLERGIES		CURRENT MEDICATIONS	ID NUMBER		
WEIGHT (%) <small>See growth chart.</small>	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	BIRTH DATE
				AGE	M F

## History

<input type="checkbox"/> <a href="#">Previsit Questionnaire</a> reviewed	Newborn screening <input type="checkbox"/> NL
<input type="checkbox"/> Child has special health care needs	Hearing screening <input type="checkbox"/> NL

Concerns and questions     None     Addressed (see other side)

Follow-up on previous concerns     None     Addressed (see other side)

Interval history     None     Addressed (see other side)

Medication Record reviewed and updated

## Social/Family History

See Initial History Questionnaire.     No interval change

**Family situation**

Parental adjustment to child

Maternal depression     Y     N

Observation of parent-child interaction

Reaction of siblings to new child

Work plans

Child care plans

## Review of Systems

See Initial History Questionnaire and Problem List.

No interval change

Changes since last visit

Nutrition:     Breast milk    Minutes per feeding  
                   Hours between feeding    Feedings per 24 hours  
                   Problems with breastfeeding

Formula    Ounces per feeding  
                   Source of water    Vitamins/[Fluoride](#)

Elimination:  NL

Sleep:     NL

Behavior:     NL

**Development** (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> PHYSICAL DEVELOPMENT	<input type="checkbox"/> COGNITIVE	<input type="checkbox"/> SOCIAL-EMOTIONAL
• Lifts head and begins to push up when prone	• Indicates boredom when no activity change	• Smiles
• Holds head erect for short periods (when held upright)	<input type="checkbox"/> COMMUNICATIVE	• Looks at parent
• Diminished newborn reflexes	• Coos	• Self-comfort
• Symmetrical movement	• Different cries for different needs	

## Physical Examination

= NL

**Bright Futures Priority**

HEAD/FONTANELLE (positional skull deformities)

EYES (red reflex/strabismus/ appears to see)

HEART

FEMORAL PULSES

ABDOMEN

MUSCULOSKELETAL (torticollis)

HIPS

NEUROLOGIC (tone, strength, symmetry)

Abnormal findings and comments

**Additional Systems**

<input type="checkbox"/> GENERAL APPEARANCE	<input type="checkbox"/> EXTREMITIES
<input type="checkbox"/> EARS/APPEARS TO HEAR	<input type="checkbox"/> BACK
<input type="checkbox"/> NOSE	<input type="checkbox"/> SKIN
<input type="checkbox"/> MOUTH AND THROAT	
<input type="checkbox"/> LUNGS	
<input type="checkbox"/> GENITALIA	
<input type="checkbox"/> Male/Testes down	
<input type="checkbox"/> Female	

## Assessment

Well child

## Anticipatory Guidance

Discussed and/or [handout](#) given

<input type="checkbox"/> PARENTAL (MATERNAL) WELL-BEING	<input type="checkbox"/> INFANT BEHAVIOR	<input type="checkbox"/> SAFETY
<input type="checkbox"/> INFANT-FAMILY SYNCHRONY	• Calming skills	• Car safety seat
<input type="checkbox"/> NUTRITIONAL ADEQUACY	• Physical	• Falls
• Breastfeeding (400 IU vitamin D supplement)	• Tummy time	• Burns
• Iron-fortified formula	• Daily routines	• Hot liquids
• Solid foods (wait until 4–6 months)	• Sleep	• Water heater
• Elimination	• Back to sleep	• Smoke-free environment
• No bottle in bed		• Drowning
		• Choking
		• Small objects
		• Plastic bags

## Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results

Referral to

## Follow-up/Next visit

See other side


