



FULL SCREEN (I-X)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	HEARING SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
PARTIAL SCREEN (I-V)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	VISION SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
DEVELOPMENTAL & MH SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	DENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>

**III. ANTICIPATORY GUIDANCE** (Check all that apply)

<input type="checkbox"/> Thumb-sucking/Pacifier	<input type="checkbox"/> Rolling over and falls	<input type="checkbox"/> Acetaminophen dose	COMMENTS
<input type="checkbox"/> Crying*	<input type="checkbox"/> Sleeping on back	<input type="checkbox"/> Parental smoking	
<input type="checkbox"/> Parent-child interaction*	<input type="checkbox"/> Crib safety <input type="checkbox"/> Co-sleeping	<input type="checkbox"/> Colic	
<input type="checkbox"/> Father's/Mother's role	<input type="checkbox"/> Water heater temperature (<130 F)	Feeding:	
<input type="checkbox"/> Sibling rivalry	<input type="checkbox"/> Sun Exposure	<input type="checkbox"/> Iron/Vitamins	
<input type="checkbox"/> Reading to child	<input type="checkbox"/> Car seats	<input type="checkbox"/> Breast-feeding support	
<input type="checkbox"/> Stimulation-mobiles, safe toys	<input type="checkbox"/> Smoke detector	<input type="checkbox"/> Bottle-propping	
	<input type="checkbox"/> Ipecac	<input type="checkbox"/> Intro to new foods	

**IV: LAB/IMMUNIZATIONS:**  Labs: \_\_\_\_\_

Immunizations given today: \_\_\_\_\_

UTD  Written information given  Consent signed (Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

**V. LEAD SCREEN** N/A for this age.

**VI. DEVELOPMENTAL AND MENTAL HEALTH:**  **Parents As Teachers referral** (Check all that apply)

<b>Minimal Skills</b>	<b>Emerging Skills</b>	COMMENTS
<input type="checkbox"/> Regards face	<input type="checkbox"/> Regards own hand	
<input type="checkbox"/> Responds to voice/bell	<input type="checkbox"/> Attends to voice	
<input type="checkbox"/> Vocalizes-R	<input type="checkbox"/> Laughs/squeals-R	
<input type="checkbox"/> Responsive smile	<input type="checkbox"/> Reciprocal vocalization - R	
<input type="checkbox"/> Ability to be soothed*	<input type="checkbox"/> Recognizes parents*	

**VII. FINE MOTOR/GROSS MOTOR:** (Check all that apply)

<b>Minimal Skills</b>	<b>Emerging Skills</b>	COMMENTS	
<input type="checkbox"/> Equal movements	<input type="checkbox"/> Follows past midline		<input type="checkbox"/> Head steady in sitting position
<input type="checkbox"/> Follows to midline	<input type="checkbox"/> Lifts head and chest off table		<input type="checkbox"/> Bears weight on legs
<input type="checkbox"/> Lifts head 45 degrees while prone-R	<input type="checkbox"/> No longer clinches fists tightly		

**VIII. HEARING:** (Check all that apply)

- Passed Newborn hearing screen
- Parental perception of hearing
- Awakes to loud noise
- Head turning with noise
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- ERA/ABR screen for infant in tertiary care > 5 days
- Family history of hearing disorders
- PMHx:  NICU admission/  ear infection/  head injury/  congenital anomalies/  meningitis/  mumps/  cerebral palsy

COMMENTS

**IX. VISION:** (Check all that apply)

- Parental perception of vision
- Observation for
  - blinking  Tear glands begin to function
  - pupillary response  Follows objects across midline
  - red reflex  Smiles responsively
  - tracking  ocular movement
- Family history of visual disorders
- PMHx:  NICU admission/  prolonged oxygen administration
- Note: Misalignment normal in first six months

COMMENTS

**X. DENTAL:**  Baby bottle tooth decay syndrome  Normal tooth eruption times

COMMENTS

ASSESSMENT/EDUCATION/PLAN

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ORDERS

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_