## I. INTERVAL HISTORY/PARENT'S CONCERNS:

Sleeping: ____________________________________________

Activity: ____________________________________________

Child Care: __________________________________________

Family High Risk Factors:* ______________________________

Parent’s Concerns: ____________________________________

Nutrition:  
- □ Breast _____ min/feeding _____ times per day  
- □ Formula: __________ , _____ oz/feeding _____ times per day  
- □ WIC Referral

Output:  
- Urine: __________________________  
- Stools: __________________________

Diaper Rash: __________________________________________

## II. UNCLOTHED PHYSICAL EXAM:  □ Check Growth Chart

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NL</th>
<th>ABN</th>
<th>NE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharynx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skeletal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE ____________________________________________  DATE ____________________________

MO 886-3989 (10-07)
### Immunizations given today:
- Written information given
- Consent signed

(Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

### Anticipatory Guidance (Check all that apply)

- Thumb-sucking/Pacifier
- Crying*
- Parent-child interaction*
- Father’s/Mother’s role
- Sibling rivalry
- Reading to child
- Stimulation-mobiles, safe toys

### Lab/Immunizations:

<table>
<thead>
<tr>
<th>Labs:</th>
</tr>
</thead>
</table>

### Lead Screen

N/A for this age.

### Developmental and Mental Health: Parents As Teachers referral (Check all that apply)

#### Minimal Skills
- Regards face
- Responds to voice/bell
- Vocalizes-R
- Responsive smile
- Ability to be soothed*

#### Emerging Skills
- Eye contact for several seconds
- Communicates
- Fear, hunger, & discomfort
- Recognizes parents*

### Fine Motor/Gross Motor:

#### Minimal Skills
- Equal movements
- Follows to midline
- Lifts head 45 degrees while prone-R

#### Emerging Skills
- Follows past midline
- Lifts head and chest off table
- No longer clinches fists tightly
- Bears weight on legs

### Hearing:

- Passed Newborn hearing screen
- Parental perception of hearing
- Awakes to loud noise
- Ear 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

### Vision:

- Parental perception of vision
- Observation for
- Family history of visual disorders
- PMHx: NICU admission/ prolonged oxygen administration

Note: Misalignment normal in first six months

### Dental:

- Baby bottle tooth decay syndrome
- Normal tooth eruption times

### Assessment/Education/Plan

-----------------------------

[Signature]

[Date]