I. INTERVAL HISTORY/PARENT'S CONCERNS:

Sleeping: ________________________________
Activity: ________________________________
Child Care: ______________________________
Crossing Eyes: ____________________________
Family High Risk Factors:* ____________________________

Chronic Illnesses: ____________________
ER/Hospital utilization since last visit
Triggers reviewed:
Medications changed/refilled:

Education Consult/Referral

Nutrition: Breast _____ min/feeding _____ times per day  WIC Referral
Formula: __________ , _____ oz/feeding _____ times per day
Solid food: ________________________________

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>
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</thead>
<tbody>
<tr>
<td>General</td>
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<td>Skin</td>
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<td>Eyes</td>
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<td>Oropharynx</td>
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<td>Heart</td>
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<td>Pulses</td>
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<td>Skeletal</td>
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<tr>
<td>Neuro</td>
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</tbody>
</table>

COMMENTS

SIGNATURE
DATE

DATE NAME DATE OF BIRTH
MO HEALTHNET NUMBER MEDICAL RECORD NUMBER

TEMP RR HEAD CIRC WEIGHT
HEIGHT % %

ALLERGIES
□ NKDA
□ NONE

MEDICATIONS

MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
4-5 MONTHS

MO 886-3990 (10-07)
### III. ANTICIPATORY GUIDANCE (Check all that apply)

- Thumb-sucking/Pacifier
- Teething
- Stimulation - safe toys
- Parent-child interaction
- Father’s/Mother’s role
- Travel
- Reading to child

- Foreign bodies
- Rolling over and falls
- Sleeping on back
- Crib safety
- Co-sleeping
- Water heater temperature (<130 F)
- Smoke detector
- Poisons

- Acetaminophen dose
- Ipecac
- Respiratory infections
- Parental smoking

- Iron/Vitamins
- Breast-feeding support
- Bottle-propping
- Intro to new foods, cereals

### 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)

#### Minimal Skills
- Regards face
- Responsive smile
- Laughs/Squeals - R
- Uses voice to show emotions

#### Emerging Skills
- Babbles/Coos
- Vocalizes - R
- "OOO/AAH" - R
- Recognizes parent

#### COMMENTS

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

- Parental perception of vision
- Observe for:
  - Blinking
  - Pupillary response
  - Red reflex
  - Tracking
  - Ocular movement

- Family history of visual disorders
- NICU admission/ prolonged oxygen administration

Note: Misalignment normal in first six months

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

- 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
  - Language development

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

#### Minimal Skills
- Follows to midline
- Follows past midline
- Grasps rattle/toy

#### Emerging Skills
- Works for toy
- Plays with hands
- Hands to midline
- Hands open

#### Comments

### X. DENTAL: (Check all that apply)

- Baby bottle tooth decay syndrome
- Normal tooth eruption times

### SIGNATURE

DATE

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