

Name				Accompanied by	
Date	MRN	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Preferred Language	

ATTACH LABEL

CAREGIVER CONCERNS/INTERVAL HISTORY:  None

- PAST MEDICAL HISTORY**  Reviewed and updated
- SURGICAL HISTORY**  Reviewed and updated
- FAMILY HISTORY**  Reviewed and updated

- MEDICATIONS**  None  
 Reviewed and updated
- ALLERGIES**  No known drug allergies  
 \_\_\_\_\_

- Nutrition:**  Breast feeding: \_\_\_\_\_ times/day  
 Pumped breast milk \_\_\_\_\_ oz/day  
 Formula \_\_\_\_\_ oz/day  
 Vitamin D (When breastfeeding)  
 Multivitamin with iron (for premature infants)

- Water Source:**  City tap  Filtered/bottled  
 Well: regularly tested?  Yes  No

- Elimination: YES NO**  
  Soft, easy to pass BMs \_\_\_\_\_  
  Issues with constipation \_\_\_\_\_  
  Normal urine stream \_\_\_\_\_

- Sleep:** Longest sleep stretch through the night \_\_\_\_ hrs
- YES NO**  
  Safe sleep environment \_\_\_\_\_  
  Put to bed awake at night and naps \_\_\_\_\_  
  Back to sleep \_\_\_\_\_  
  Bottle in bed \_\_\_\_\_

## RISK ASSESSMENT

- |                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| <b>HIGH</b>           | <b>LOW</b>            |                        |
| <input type="radio"/> | <input type="radio"/> | Vision Concerns _____  |
| <input type="radio"/> | <input type="radio"/> | Hearing Concerns _____ |
| <input type="radio"/> | <input type="radio"/> | Anemia _____           |

## DEVELOPMENT: Screen or refer if concerns

- YES NO**
- Looks at you, moves, smiles, or makes sounds to get or keep your attention
  - Makes sounds like "oooo", "aahh" (cooing)
  - Turns head towards the sound of your voice
  - If hungry, opens mouth when he sees breast or bottle
  - Looks at her hands with interest
  - Holds head steady without support when you are holding him
  - Holds a toy when you put it in her hand
  - Brings hands to mouth
  - Pushes up onto elbows/forearms when on tummy

Caregiver concerns about development:

## SOCIAL HISTORY: Reviewed and updated

Lives with:  1 parent  2 parents  Other caregiver

Others (including siblings):

## FAMILY RISK FACTORS:

Changes in family since last visit:

Caregiver job status:

## Do you need additional assistance with any of the following?

- Getting enough to eat  Relationships  Drug abuse
- Violence/Abuse  Financial  Alcohol abuse
- Health Insurance  Child care
- Other \_\_\_\_\_

## Maternal/Caregiver PHQ2 Depression Screening:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

0-Not at all 1-Several days  
 2-More than half the days 3-Nearly every day

Little interest or pleasure in doing things 0  1  2  3   
 Feeling down, depressed, or hopeless 0  1  2  3   
 Total score \_\_\_\_\_

**For scores 3 or over please complete PHQ9**

**PHYSICAL EXAMINATION**

Length _____ cm ( _____ %ile)	Weight _____ Kg ( _____ %ile)	Head circumference _____ cm ( _____ %ile)
Newborn Metabolic Screen:	<input type="checkbox"/> normal <input type="checkbox"/> abnormal _____	
Newborn Hearing Screen:	<input type="checkbox"/> passed <input type="checkbox"/> refer/fail _____	
<b>VITALS:</b>	Temp: _____	BP (if high risk) ____/____ ( _____ %ile _____ %ile)
		HR: _____
		Resp Rate: _____
		SpO <sub>2</sub> _____

**Normal examination findings are listed below. Describe other findings in the area provided.**

**General:** Well appearing, active, and alert. \_\_\_\_\_

**Head:** Normocephalic and atraumatic. Anterior fontanelle open and flat. \_\_\_\_\_

**Eyes:** Red reflex, present bilaterally. Pupils equal, round, and reactive to light. No discharge. \_\_\_\_\_

**ENT:** No ear deformities. Normal external canals. Tympanic membranes clear bilaterally. Nares patent. \_\_\_\_\_

**Mouth:** No oral lesions or thrush. \_\_\_\_\_

**Neck:** Supple, with full range of motion. \_\_\_\_\_

**Cardiovascular:** Regular rate and rhythm. Heart sounds S1, S2 normal. No murmur. \_\_\_\_\_

**Chest:** No increased work of breathing. Clear and symmetric breath sounds bilaterally. \_\_\_\_\_

**Abdomen:** Soft, non-distended, no masses, no hepatosplenomegaly. \_\_\_\_\_

**Genitourinary:** \_\_\_\_\_

Normal female external genitalia. \_\_\_\_\_

Normal male external genitalia. Testes descended bilaterally, no scrotal swelling, no inguinal hernia. \_\_\_\_\_

**Musculoskeletal:** Spine normal. Negative Ortolani and Barlow maneuvers. Moves all extremities symmetrically. \_\_\_\_\_

**Neurological:** Normal strength and tone. \_\_\_\_\_

**Skin:** Normal color. No lesions. \_\_\_\_\_

Birthmarks (if applicable) \_\_\_\_\_

Other comments:

ATTACH LABEL

## ANTICIPATORY GUIDANCE:

### SOCIAL DETERMINANTS OF HEALTH:

- Environmental lead risk
- Family relationships and support
- Child care

### FAMILY WELL-BEING:

- Make time for self, partner and family/friends
- Quality child care
- Discuss adjustment of older siblings

### FAMILY NUTRITION/ORAL HEALTH:

- General guidance on feeding
- Solid food readiness
- Ask about supplements, OTC meds
- No bottle propping or bottle in bed
- Discuss teething & oral hygiene

### BEHAVIOR:

- Range of infant behaviors and temperaments
- Self-calming
- Bedtime and feeding routines enhance sense of security
- Total sleep hours should be around 12-16 hours, including nap times
- Teach infant to put self to sleep; crying won't hurt baby
- Playtime

### SAFETY:

- May roll and put things in mouth (small objects, plastic bags)
- Discuss lead in home (especially before 1978) & parental occupational hazards - farmers, plumbers, welders
- If smoking in home: discuss quitting, limiting exposure
- Reinforce water heater
- Safe sleep
- Car seat safety
- Influenza and Covid-19 vaccine for household contacts

## ASSESSMENT

### Well Child Exam

- Normal findings (normal interval growth, age appropriate development)
- Abnormal findings \_\_\_\_\_

## PLAN OF CARE (see Anticipatory Guidance)

### Immunizations:

- Vaccine Information Statements given
- Vaccine counseling given
- Vaccines due:
  - HepB
  - DTaP
  - Rotavirus
  - Hib
  - PCV13
  - IPV

Catch-up vaccinations given \_\_\_\_\_

High risk:  MenACWY-CRM (Menveo) ≥2 mos

Past adverse reactions to immunizations:

No  Yes \_\_\_\_\_

See current guidelines: <https://www.cdc.gov/vaccines/index.html>

LAB: (Hb/Hct if high risk)

### Developmental Follow-up:

- No delays
- Follow-up in office
- Referral

**1st Five Healthy Mental Development Initiative:** In available counties, contact 1st Five for developmental concerns or needs assessment at [idph.iowa.gov/1stfive](http://idph.iowa.gov/1stfive)

**Early ACCESS Line:** For referral of children birth to age 3 with developmental delay to local Early Access providers, call (888) 425-4371 or go to: [iafamilysupportnetwork.org](http://iafamilysupportnetwork.org)

**Healthy Families Line:** For assistance with care coordination, transportation, or health information for children birth through age 21 call (800) 369-2229

### Return appointment:

- Follow-up in 2 months \_\_\_\_\_
- Follow-up hearing screen if at risk \_\_\_\_\_
- Other/referral based on risk assessment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ATTACH LABEL

**NOTES**

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