

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)
 Table food/baby food _____
 Iron-rich food Yes No
 Water in a sippy cup, can have up to 8 oz/day

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

- Dental:** Daily oral health care _____
 Has had a dental visit _____
 Fluoride in water at home _____
 Fluoride varnish in the last 3 mos. 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 _____
 Night feedings _____
 Bottle in bed _____

RISK ASSESSMENT

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

DEVELOPMENT:

Universal developmental screening recommended at 9 months using ASQ-3, SWYC, or other standardized tool. Screen or refer if concerns.

- | | | |
|-----------------------|-----------------------|--|
| YES | NO | |
| <input type="radio"/> | <input type="radio"/> | Is shy, clingy, or fearful around strangers |
| <input type="radio"/> | <input type="radio"/> | Looks when you call her name |
| <input type="radio"/> | <input type="radio"/> | Smiles or laughs when you play peek-a-boo |
| <input type="radio"/> | <input type="radio"/> | Makes a lot of different sounds like "mamamama" and "bababababa" |
| <input type="radio"/> | <input type="radio"/> | Lifts his arms up to be picked up |
| <input type="radio"/> | <input type="radio"/> | Looks for objects when dropped out of sight |
| <input type="radio"/> | <input type="radio"/> | Bangs two things together |
| <input type="radio"/> | <input type="radio"/> | Gets to a sitting position by herself |
| <input type="radio"/> | <input type="radio"/> | Moves things from one hand to his other hand |
| <input type="radio"/> | <input type="radio"/> | Sits without support |

Caregiver concerns about development and behavior:

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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Getting enough to eat | <input type="checkbox"/> Relationships | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Violence/Abuse | <input type="checkbox"/> Financial | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Child care | <input type="checkbox"/> Other _____ |

PHYSICAL EXAMINATION

Length _____ cm (_____ %ile)	Weight _____ Kg (_____ %ile)	Head circumference _____ cm (_____ %ile)
VITALS:	Temp: _____	BP (if high risk) ____/____ (_____ %ile _____ %ile)
	HR: _____	Resp Rate: _____ SpO ₂ _____

Normal examination findings 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. Normal appearing external anus. _____

Genitourinary:

Normal female external genitalia. _____

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

Musculoskeletal: Spine normal, symmetric gluteal folds. Bilaterally equal knee heights (Galeazzi sign). Moves all extremities symmetrically. _____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions, no bruising. _____

Birthmarks (if applicable) _____

Other comments:

ATTACH LABEL

ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- Discuss support system/childcare/community resources
- Time for self & partner

FAMILY NUTRITION/ORAL HEALTH:

- Safe finger foods; exposure to new tastes & textures
- 3 meals, 2-3 snacks a day
- Eat with family at table (secure seating)
- Increase cup use
- Provide water in a sippy cup
- No bottle in bed
- Smear of fluoride toothpaste and soft toothbrush
- Refer to dental home within 6 mos of first tooth

BEHAVIOR:

- Encourage reading, singing, and talking with infant
- Emerging independence and separation anxiety

- Total sleep hours should be around 12-16 hours, including nap times
- Sleep routines. Lower crib mattress—may stand or climb
- Allow child to safely explore environment—supervision!
- No screen time
- Establish routines and consistency with discipline

SAFETY:

- Car seat - rear facing as long as possible until exceeding manufacturer weight and height limits
- Safe home environment: burns, sun exposure, choking, poisoning, drowning, and falls
- Electrical outlet covers, cabinet locks
- If smoking in home: discuss quitting, limiting exposure
- Firearm safety
- Seasonal safety - sunscreen, hats, bug spray, wading pools; frostbite, emergency kit in car

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: Influenza
- COVID-19
- Catch-up vaccinations given HepB
- DTaP
- Rotavirus
- Hib
- PCV13
- IPV

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

Past adverse reactions to immunizations:

- No Yes _____

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

Fluoride Varnish

- If teeth are erupted, apply fluoride in the office if not done elsewhere in the last 3 months _____

LAB: (if indicated)

Developmental Screening Results and Follow-up:

- No delays Follow-up in office Referral
- ASQ (Normal, borderline, below cut-off)
- SWYC (Above average, below average)

1st Five Healthy Mental Development Initiative: In available counties, contact 1st Five for developmental concerns or needs assessment at <https://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: <https://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 3 months _____
- Follow-up hearing screen if at risk _____
- Other/referral based on risk assessment _____

Signature _____ Date _____

ATTACH LABEL

NOTES

Large empty rectangular box for notes.

ATTACH LABEL