

## WELL CHILD ASSESSMENT 1 TO 2 MONTHS

AGE:	WEIGHT:	LENGTH:	HEAD CIRC:	
TEMP:	PULSE	RESP.		MA Signature:
<b>INTERVAL HISTORY</b>			<b>DEVELOPMENT</b> <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	
Diet: Illness: Problems: Immunization Reaction: Parental Concerns:			<input type="checkbox"/> Vocalizes <input type="checkbox"/> Lifts Head 45 ° <input type="checkbox"/> Smiles Responsively <input type="checkbox"/> Follows Past Midline <input type="checkbox"/> Kicks	
<b>PHYSICAL EXAMINATION</b> PM 160 <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>EDUCATION</b> (Circle Items Discussed)	
	N	AB	ABNORMALITIES/COMMENTS	
General Appearance			Nutrition: Breast/Formula with Iron Tobacco: Second-Hand Smoke Safety: Car Seat, Bath Safety, Toys, Folk Remedies Parenting: Crying, Spoiling, Sib. Rivalry, Sleep Patterns, Taking Temp, Fever Control, Emergencies Dental: Fluoride/Cleaning Gums, No bottle in Crib <input type="checkbox"/> Growing Up Healthy Brochure given  TB RISK ASSESSMENT <input type="checkbox"/> No Risk <input type="checkbox"/> Risk	
Nutrition				
Skin				
Head, Neck & Nodes				
Eyes/ Eq Reflex				
ENT/Hearing				
Mouth/Dental				
Chest/Lungs				
Heart				
Abdomen				
Ext. Genitalia				
Back				
Extremities/Hips				
Neurological				
Fem. Pulses				
<b>PLAN</b>			<b>ASSESSMENT</b>	
<input type="checkbox"/> Hepatitis B #1 <input type="checkbox"/> Hepatitis B #2 <input type="checkbox"/> DTaP #1 <input type="checkbox"/> Hib #1 <input type="checkbox"/> IPV #1			<b>TOBACCO ASSESSMENT</b>  1. Patient is exposed to Passive (second-hand) Tobacco Smoke. <input type="checkbox"/> Yes <input type="checkbox"/> No  2. Tobacco Used by Patient. <input type="checkbox"/> Yes <input type="checkbox"/> No  3. Counseled about/Referred for Tobacco Use Prevention/Cessation. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next Visit:				
Patient Name/ID Number:			Exam Date: _____	
			Provider Signature	