

Well Child Care 2 months

Name :

DOB:

Date:

Do you have any concerns today ? No Yes _____

Nutrition/Review of systems	yes	no	Review of systems/symptoms	yes	no
Breast feeding ?			Any Vision Problems?		
Bottle feeding ?			Any hearing problems?		
Eating solids ?			Any breathing problems ?		
Spits up ? if yes, is spitting up forceful ?			Any skin problems?		
Drinks milk ? _____oz/day			Any heart problems ?		
Drinks juice ? _____oz/day			Sleep through the night?		
Bowel movements normal ?			Any bad reactions from hepatitis B shot at birth?		
Has hard stool /cries with bowel movements ?			Any lead poisoning risks?		
Got hepatitis B shot at birth?			Any TB Exposure?		
Social/Family History:					
Parents working outside home <input type="checkbox"/> Mom <input type="checkbox"/> Dad			Maternal depression ?		
Child care ?			Changes since last visit ?		
Developmental Questions: Does your baby					
Hold head erect for short time (when held upright)			Lift head and begin to push up when prone?		
Symmetrical movements?			Coo?		
Social smile?			Look at you ?		
Have different cries for different need ?			Follow object past midline?		
Safety issues:					
Family violence & substance abuse? circle			Car seat rear facing?		
Fall ,Fire and Burn precaution in place?			Water heater temp set 120°F maximum		
Family history:					
High cholesterol ,Triglycerides			Obesity		
Diabetes			Early Heart disease ,Hypertension		

Anticipatory guidance: discussed and /or handout given

Family Functioning : domestic violence

Infant Development: social development & communication skills physical (tummy time) daily routine sleep

Nutrition & Feeding: breast feeding (Vitamin D 400 IU/day) iron-fortified formula solid foods (wait until 4-6 mo) Weight gain & growth spurts Elimination Avoid bottle in bed

Safety: car safety seat Burns (hot liquids, water heater) Falls smoke free environment Drowning Choking (small object, plastic bags).

Immunization: Risks, benefits, side effects, alternative refused, vaccine refusal form signed.

Signature of parent/guardian:

Provider Signature: