Well Child Visit: 3-4 Months

Name: _____ **DOB:** _____ **Date:** _____

Current Medications	Drug / Food Allergies	Accompanied By

Age □ M □ F	Ht.	Wt.	HC	HR	Resp.	Temp.	Interpreter: Y / N

Past Medical History

Recent illness: □ Yes □ No_____

_____

Reaction to previous IMMS: □ Yes □ No____

F/u previous concern: □ None _____

_____

Interval History

Sleep: □ NL_____
□ Back to sleep
□ Sleeps in own crib

Elimination: □ NL _____

Behavior: □ NL _____

Car seat rear-facing: □ Yes □ No _____

Nutrition

□ Breastfeeding □ Supplementing / both

□ Formula (type): _____

Frequency: _____

Vitamin: _____

Concerns:_____

Social / Family History

Lives at home with:_____

Parent / child interaction: □ Yes □ No _____

Tobacco smoke exposure: □ Yes □ No_____

Maternal depression: □ Yes □ No _____

Parents working outside home: □ Mother □ Father

Child care: □ Yes □ No Type: _____

Family / work balance: □ Yes □ No_____

WIC: □ Yes □ No_____

Growth-Development

Cognitive: □ NL _____
- Responds to affection, indicates pleasure and displeasure

Language: □ NL _____
- Different cries for different needs, more expressive babbles

Physical: □ NL _____
- Good head control, reaches for, beginning to roll

Social: □ NL _____
- Smiles, interacts, displays self-consolation skills

Parental Concerns: _____

_____

_____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD)
□ **Head** (Fontanelle NL, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sound, voice)
□ **Nose** (Mucosa NL, septum NL, patent)
□ **Mouth** (MMM, palate intact, lips NL, tongue NL, no lesions)
□ **Throat** (No erythema)
□ **Heart** (No murmurs, + femoral pulses)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender)
□ **Skin** (No rashes)
□ **Neuro** (Tone, symmetry, strength all NL)
□ **Extremities** (Full ROM, NL strength and tone, no Ortolani or Barlow sign)
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions)
Female (No adhesions, labia/clitoris NL, no discharge)

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development
□ IMMS UTD
□ IMMs due _____

Anticipatory Guidance

□ **Family Health** (Support network, work/life balance, community resources)
□ **Safety** (Back to sleep, car seats, avoid smoke exposure, crib safety, burns, smoke detectors, drowning, lead poisoning)
□ **Nutrition** (Introducing solid foods, choking, growth spurts)
□ **Development** (Milestones, tummy time, sleep, routines, social time)

Plan

□ Immunizations (See immunization record)
□ Education handout given
□ TB testing based on risk factors (4 mos.)
□ Iron Deficiency Anemia risk assessment

Next Appointment: _____ **Signature:** _____ **Date:** _____

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Notes:

Next Appointment: _____ **Signature:** _____ **Date:** _____