

WELL CHILD EXAM-INFANCY: 2 Months

DATE _____

PATIENT NAME				DOB		SEX		PARENT NAME			
Allergies						Current Medications					
Prenatal/Family History						Chief Complaints					

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History Vaginal C-Section
 Birth Wt.: _____ Gestation: _____ Complications Y N

Interval History:
 (Include injury/illness, visits to other health care providers, changes in family or home)

Apnea Y N Monitor
Nutrition
 Breast every _____ hours
 Formula _____ oz every _____ hours
 With iron Y N
 Type or brand _____
 City water Well water

Elimination
 Normal Abnormal
Sleep
 Normal (2-4 hours) Abnormal

Additional area for comments on page 2
WIC Y N
 Maternal Infant Health Managed Care Program (MCP) Y N Name: _____

Screening and Procedures:
Neonatal Metabolic Screen in Chart
 Y N Test Date: _____
 Normal Pending Today
 Subjective Hearing -Parental observation/ concerns
 Subjective Vision -Parental observation/ concerns

Developmental Surveillance
 Social-Emotional Communicative
 Cognitive Physical Development
Psychosocial/Behavioral Assessment
 Y N

Screening for Abuse Y N

Immunizations:
 Follow AAP/AAFP/CDC guidelines
 Immunizations Reviewed
 Immunizations Given & Charted - *if not given, document rationale*
 IMPACTSIIS checked/updated
 Acetaminophen _____ mg. q. 4 hours
 Labs Done Today Y N

Patient Unclothed Y N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments
 (see additional note area on next page)

Results of visit discussed with parent Y N

Plan
 History/Problem List/Meds Updated
 Referrals
 WIC Help Me Grow™ Transportation
 Maternal Infant Health MCP
 Children Special Health Care Needs
 Other referral _____
 Other _____

Anticipatory Guidance/Health Education
 (✓ if discussed)

Safety
 Appropriate car seat placed in back seat
 Keep home and car smoke-free
 Keep hot liquids away from baby
 Don't leave baby alone in tub or high places; always keep hand on baby
 Water temp. <120 degrees/test with wrist
 Never shake baby

Nutrition
 Hold baby when feeding
 Breast on demand or feed iron-fortified formula
 Delay solid foods until 4-6 months

Infant Development
 Put baby to sleep on back/Safe Sleep
 Learn baby's temperament/responses
 Console, hold, cuddle, rock, play with baby
 Talk, sing, play music, and read to baby
 Tummy time while awake
 Consistent feeding/sleep routines
 Strategies to deal with fussy periods

Family Adjustment
 Encourage partner and other children (as appropriate) to help care for infant
 Keep in contact with friends, family
 Substance Abuse, Child Abuse, Domestic Violence Prevention
 Discuss child care, returning to work, play group

Parental Well Being
 Family Planning
 Take time for self and spend time alone with your partner
 Other Anticipatory Guidance Discussed: _____

Next Well Check: 4 months of age

Developmental Questions and Observations on Page 2

Provider Signature: _____

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Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes No

 Please tell me any concerns about the way your baby is behaving or developing:

 My baby looks at me and listens to my voice.

 My baby quiets when picked up.

 My baby is sleeping well.

 My baby is eating well, sucking well.

 My baby makes cooing sounds.

 My baby lifts his/her head while on tummy.

Ask the parent to respond to the following statements:

Yes No

 I am sad more often than I am happy.

 I have more good days with my baby than bad days.

 I have people who help me when I get frustrated with my baby.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool used _____).

Infant Development			Parent Development		
Coos and vocalizes reciprocally*	Yes	No	Looks at infant	Yes	No
Smiles responsively	Yes	No	Picks up and soothes infant or comforts baby effectively	Yes	No
Follows to midline	Yes	No	Are parent and baby interested in and responsive to each other?	Yes	No
Is attentive to voices, sounds, visual stimuli	Yes	No	Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?	Yes	No
Some head control in upright position	Yes	No			
Shows pleasure interacting w/parent	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Child's Health at 2 Months

Milestones

Ways your baby is developing between 2 and 4 months of age.

- Likes to look at and be with familiar people
- Shows excitement by waving arms and legs and smiles when you speak to her
- Eyes follow people and things
- Lifts head and shoulders up when lying on tummy
- Babbles and coos; smiles/laughs/squeals
- Likes toys that make sounds and tries to hold small toys
- Begins to roll from side to side

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.asp
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For families of children with special health care needs:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents) Visit the Website at:
<http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.asp>

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: <http://www.safercar.gov/>
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Depression after delivery:

For information on depression after childbirth visit this website: <http://postpartum.net/> or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at <http://www.ndvh.org/>

Safety Tips

Preventing burns:

- Check to make sure the bath water is lukewarm, not hot, before you put your baby in the water.
- Avoid drinking hot coffee, hot tea, or other hot drinks while holding your baby.
- Keep your baby out of the sun. Dress your baby in a hat with a rim and clothes that cover the arms and legs.

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

NEVER shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

Health Tips

"Well Child" check-ups help keep your baby healthy. Try not to miss these doctor visits. If you do, call for another appointment.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit.

Breast milk or formula is all that babies this age need to grow. Avoid giving juice to your baby at this age. Sometimes your baby will need to eat more often than other times. This means he is growing faster.

You can keep breastfeeding when you go back to work. For information on breastfeeding and working, talk to your doctor or nurse or call WIC or the La Leche League.

Keep your baby away from people who are smoking. No one should smoke in the car or other areas when your baby or other children are present. Tobacco smoke may cause your baby to be sick with breathing problems, ear infections, and may increase the chance of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on her back to lower the chance of SIDS. Make sure grandparents and other baby sitters also put your baby to sleep on her back.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Help your baby learn and grow by playing lovingly with him. Talk, read, and sing to your baby and look into her eyes. This helps your baby know you love her. It also helps her brain grow.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (<http://www.parenting.org/hotline/index.asp>) They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.