



Name: \_\_\_\_\_ Experience. Wellness. Everywhere.® DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

**3, 4 MONTHS**

<b>NURSING INTAKE</b>					
Height:	Weight:	H.C.:	Temp.:	Heart Rate:	Resp.:
Allergies:			Growth Charts Completed: [ ]		
Abuse:			Notes:		
Alternate health care provider:			MA Signature		

<b>INTERVAL HISTORY</b>	Has WIC: Yes / No	TB Risk: Yes / No
Feedings:	Breastfeed or Bottle	Sleep Position:
Illnesses:		Vision:
Accidents:		Hearing:
Stools:		Exposure to tobacco smoke:

<b>GROWTH-DEVELOPMENT</b>	[ ]	Rolls side to side
[ ] Head steady when sitting	[ ]	Squeals or goos
[ ] Eyes follow 180°	[ ]	Orients to voices
[ ] Grasps rattle	[ ]	Brings hands together

<b>PARENTAL CONCERNS:</b>

<b>PHYSICAL EXAMINATION</b>		Teeth [ ]	Grossly normal
General Appearance [ ]	Well nourished and developed	Heart [ ]	No murmurs, regular rhythm
[ ]	No abuse/neglect evident	Lungs [ ]	Breath sounds normal bilaterally
Head [ ]	Symmetrical, A.F. open _____ cm	Abdomen [ ]	Soft, no masses, liver & spleen normal
Eyes [ ]	Conjunctivae, sclerae, pupils normal	Genitalia: Male [ ]	Normal appearance, circ./uncirc.
[ ]	Red reflexes present	[ ]	Testes in scrotum
[ ]	Appears to see [ ] No strabismus	Female [ ]	No lesions, nl. external appearances
Ears [ ]	Canals clear, TMs normal	Hips [ ]	Good abduction, leg length equal
[ ]	Appears to hear	Femoral pulses [ ]	Present and equal
Nose [ ]	Passages patent	Extremities [ ]	No deformities, full ROM
Mouth & pharynx [ ]	Normal color, no lesions	Skin [ ]	Clear, no significant lesions
Neck [ ]	Supple, no masses palpated	Neurologic [ ]	Alert, moves extremities well

<b>ASSESSMENT:</b>

<b>PLAN:</b>

<b>ORDERS:</b>	[ ] Vaccine reactions, risks and follow-up explained / VIS sheets		
[ ] DTaP	[ ] HIB	[ ] HEP B	[ ] Hgb (if indicated)
[ ] Nutritional assessment	[ ] WIC Referral	[ ] Immunization registry entry	
[ ] Rotavirus	[ ] IPV	[ ] Prevnar	

<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>
Diet: Breast vs. formula feeding, solids, no milk or honey till 1 y/o
Behavior: Rolling, reaching for objects
Injury & Violence prevention: Rolling, playpen use, burns from hot liquids, lead, poisoning prevention phone number, gun lock.
Guidance: Teething, no bottle recumbent, URI treatment, aspiration risk with small objects, language stimulation, no discipline yet
Safety Precautions: Infant car seat, water safety, falls, nursery equipment, smoke detector, choking prevention, sleeping position.
Parental smoking, thermometer use, childcare plan, minor illness care, emergency care plan, locked cleaning supplies
Infant care (bathing, skin, clothing), family spacing, sibling & family relationships, sun screen.

[ ] Refer to appropriate agency.

Next appointment [ ] 2 months or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_