2 Month Well Child Check

| r anglit traffic | DOB (Age) | Scx | Date | |
|---|--|--|--------------------------|---|
| 8 | | | | |
| Interval History | | | | |
| Illnesst | | | | <u> </u> |
| Diet; | Elimination; | ç | Ісері | |
| Development: Coos / Eyes follow to r | nidline / Social smilling / Lifts head to 45 | | | (night waking) |
| Social: Evening out / Advice / Father | involvement / Siblings / Work / Babysitte | er-Day care / Calming (| usser / Birth control | |
| Parental Concerns: | | , | doct / Bitth Control | * |
| | * * = | | * | |
| | | | a | |
| Ht% Wt | | % BI | , | P · D · · |
| Exam Abnormal Finding | | D1 | | · |
| General Head/Fontanciles Eyes/Red Reflex Ears Nose Mouth Throat Neck Breast Heart Lungs | 3 | Abdomen GU Rectal MSK/Hips/Defo Extremicies Skin Vasc/Pulses Lymph Neuro Psych | Abnormal Findi | ngs |
| Lab: | In | nmunizations: DPT | , OPV | , Hib, HepB_ |
| Anticipatory Guidance | | | | (3*) |
| Olett Formula with Iron or breast milk | only, 24 to 28 oz / Vitamins and Fluorid | le / Water optional | | |
| Behavior: Thumbsucking / Crying / Co | lic | | | |
| afety: Car Seats / Rolling Over / One pl | | | | |
| Development: Rattles in hand / Mobiles | Hold babyso she can look in your eyes / | Imitates babies sounds i | If baby imitates you, re | epeat the sound |
| ducation: Acetominophen/Ibuprofen de actions | osing / Diaper rash care / No mods witho | ा put consult / Fever / Vo | miting / Diarrhea / Co. | nstlpation / Colic / Immunization |
| uidance: Where sleeping / Bottle propp | ing / Attachment preference / Feeding re | ecumbent / Maternal w | all being | : |
| ssessment/Plan | | Return at: 3 1/2 to 4 mont | Handoute/Mut. | erial: Antipyrerie Dosing Common Illnesses |