

2 Week Well Child Check

Patient Name _____ DOB(Age) _____ Sex _____ Birth Weight _____ Appars _____ Date _____

Interval History

Prenatal / Birth History:

Diet: _____ Elimination: _____ Sleep: _____ Cord/Circ: _____

Development: Spontaneous smile / Eyes follow to midline / Lifts head briefly / Startle reflex / Fussiness / Respond to sound and light

Social: Family & home situation / Support / Crowds / Father involvement / Work / Friends & family advice / "Blues"

Parental Concerns:

Ht _____ % Wt _____ % HC _____ % BP _____ P _____ R _____ T _____

Exam

Abnormal Findings

Abnormal Findings

General
Head/Fontanelles/Symmetry
Eyes/Red Reflex
Ears
Nose
Mouth
Throat
Neck
Breast
Heart
Lungs

Abdomen
GU
Rectal
MSK/Hips/Defects/Muscle Tone
Extremities
Skin
Vasc/Pulses
Lymph
Neuro
Psych

Lab: PKU _____

Immunizations: Hep B _____

Anticipatory Guidance

Diet: Formula with iron or breast milk only / Water optional / Vitamins & Fluoride / Food Supplement Program

Behavior: Sneezing & hiccoughs / Straining

Safety: Car Seat / Handling / Falling / Bottle propping / Smothering / Rolling Over / Sleep Position / Smoke alarms

Development: Sing to baby / Talk to baby / Plan quiet time

Health Education: Temperature taking / Immunizations / Diaper & skin care / Nasal Congestion / No honey / No meds / Infections

Guidance: Siblings / Pacifier / Supplemental bottle / No discipline / Feeding recumbent / Marriage - Social

Assessment/Plan

Return at:
2 months of age
4-6 wks if high risk

Handouts/Materials:

Accident Prevention
Diaper rash
"First Few Months"