

4 Month Well Child Check

Patient Name

DOB (Age)

Sex

Date

Interval History

Illness:

Diet: _____ Elimination: _____ Sleep: _____ (night feeder/cryer)

Development: Holds objects / Head to 90 degrees / Rolls over one-way / Responds to sound / Squeals / Laughing / Eyes 180

Social: Family stress / Sibling acceptance / Evening out / Marital problems / Advice

Parental Concerns:

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

Exam

Abnormal Findings

Abnormal Findings

General
Head/Fontanelles/Strabismus/Fundiscopic
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: _____ Immunizations: DPT _____, OPV _____, Hib _____, Tetra-immune _____, Hep B _____

Anticipatory Guidance

Diet: Formula with iron or breast (24-32 oz on demand) / May start cereal by spoon / Solids at 5 months-strained-one at a time / Avoid eggs, honey, peanuts

Behavior: Feeding / Crawling / Sitting / Rolling /

Developmental: Toys - rattles, spoons, cup, ball (too large to fit through toilet paper roll) / Alone play / Music / Reading / Hold baby close to face / Imitate babies sounds / When baby imitates you repeat sounds

Safety: Car seats / Soft toys / Beware of buttons / Small objects - mouth / House proofing / Plastic bags / Falls / Tub safety

Health Education: Teething / Review acetaminophen & ibuprofen dosing / URI tx / Feeding record

Guidance: Maternal well-being / Re-emphasize accident prevention

Assessment/Plan

Return at: _____ Handouts/Materials: _____ Accident Prevention
5 1/2 to 6 months of age _____ URI treatment