

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

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Birth History Birth Wt.: _____ Gestation: _____ <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section Complications <input type="checkbox"/> Y <input type="checkbox"/> N	<u>Anticipatory Guidance/Health Education</u> (✓ if discussed)
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**Interval History:**  
(include injury/illness, visits to other health care providers, changes in family or home)

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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

Abnormal Findings and Comments  
If yes, see additional note area on next page

**WIC**  Y  N **ISS**  Y  N

**Screening:**

**Hearing**

Responds to Sounds

Neonatal ABR or OAE results in chart

**Vision**

Looks at faces

Parental observation/concerns

**Neonatal Metabolic Screen in Chart**

Y  N Test Date: \_\_\_\_\_

Normal  Pending  Today

**Immunizations:**

HepB Given in Hospital?

Y  N  Today

Immunizations Reviewed, Given & Charted – if not given, document rationale

MCIR checked/updated

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
<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  
If yes, see additional note area on next page

Results of visit discussed with parent  Y  N

**Plan**

History/Problem List/Meds Updated

Referrals

WIC  Head Start

Children Special Health Care Needs

Transportation

Other \_\_\_\_\_

Other \_\_\_\_\_

**Healthy and Safe Habits**

**Injury and Illness Prevention**

Appropriate car seat placed in back seat

Keep home and car smoke-free

Keep hot liquids away from baby

Smoke detectors

Crib safety/Safe Sleep

Put baby to sleep on back

Don't leave baby alone in tub or high places; always keep hand on baby

Water temp. <120 degrees/test with wrist

Child-proof home

Appropriate Infant Supervision

Never shake baby

Avoid direct sun

Know signs of illness

Emergency procedures

**Nutrition**

Hold baby when feeding

Breast on demand or feed iron-fortified formula

Don't put cereal in bottle

Delay solid foods until 4-6 months

Don't warm bottles in microwave

**Oral Health**

Don't put baby to bed with bottle

**Infant Care**

Thermometer use; antipyretics

Skin/nail care; bathing; elimination

Pacifiers, thumbsucking

Sleeping

Colic/crying

**Parent-Infant Interaction**

Look, listen and smile at baby

Learn baby's temperament

Console, hold, cuddle, rock, play w/baby

Talk, sing, play music, and read to baby

**Family Support and Relationships**

Encourage partner to help care for infant

Take time for self and spend time alone with your partner

Keep in contact with friends, family

Postpartum check-up

Family Planning

Substance Abuse, Domestic Violence, Depression

**Community Interaction**

Consider parenting classes

Discuss child care, returning to work

Next Well Check: 2 months of age

Developmental Questions and Observations on Page 2

Provider Signature: \_\_\_\_\_

## WELL CHILD EXAM-INFANCY: 0-4 Weeks

DATE	PATIENT NAME	DOB
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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 calms down when picked up.

           My baby is sleeping well.

           My baby is eating well, sucking well.

           My baby can hear sounds.

           My baby looks at my face.

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).

Infant Development			Parent Development		
Cries, coos, and smiles	Yes	No	Looks at infant	Yes	No
Infant responds to soothing	Yes	No	Picks up and soothes infant	Yes	No
Infant listens to voices	Yes	No	Listens to infant	Yes	No
Infant fixates on human face, follows with eyes	Yes	No	Talks to infant	Yes	No
Lifts head momentarily	Yes	No	Touches infant	Yes	No
Moves arms, legs, and head	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:**

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Staff Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health. 03/06

## **Your Baby's Health at 0-4 Weeks**

### Milestones

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

Looks at your face when you hold him/her, follows you as you move.

Pays attention to your voice.

Shows he/she hears sounds by startling, blinking, or crying.

Moves arms and legs, tries to lift head when lying on tummy.

Tells you what he/she needs by fussing or crying.

### For Help or More Information

#### **Breast feeding, food and health information:**

Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.

#### **Support and information for breast-feeding mothers:**

The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-WOMAN (9662), or visit the website at:

[www.4woman.gov/breastfeeding](http://www.4woman.gov/breastfeeding)

LA LECHE League at 1-847-519-7730. [www.lalecheleague.org](http://www.lalecheleague.org)

#### **For children with special health care needs and their families call:**

Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

#### **Car seat safety:**

Contact the Auto Safety Hotline at 1-888-327-4236.

#### **Depression after delivery:**

For information on depression surrounding pregnancy and childbirth. Visit this website:

[www.depressionafterdelivery.com/Home.asp](http://www.depressionafterdelivery.com/Home.asp)

#### **For information about childhood development:**

Contact Early On Michigan at 1-800-327-5966 or the Michigan Head Start Association at 1-517-374-6472

#### **Domestic Violence hotline:**

National Domestic Violence Hotline - (800) 799-SAFE (7233)

### 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

Learn to know when your baby is hungry, so you can feed him/her before he/she cries. Your baby may get fussy or turn their head toward your body when you hold them.

*Breast milk is the perfect food for babies for at least the first year. Keep breast-feeding as long as possible.*

If you are giving your baby a bottle, hold them in your arms during feedings. Your baby needs this special time with you.

Immunizations ("Shots") protect your baby from 12 very serious diseases. Make sure your baby gets all of his/her shots on time.

To lower the chance of your baby dying from Sudden Infant Death Syndrome (SIDS), **ALWAYS** put your baby to sleep on his/her back in a crib or bassinet. Nothing else should be in the crib or bassinet. There should be no soft bedding, blankets, pillows, or toys in the crib or bassinet.

Keep your baby away from people who have colds and coughs. Make sure that people who hold or care for your baby wash their hands often.

Call your baby's doctor or nurse before your next visit if you have any questions or worries about your baby.

### Parenting Tips

Help your baby learn new skills by playing with him/her.

Give your baby the gift of your attention. Take lots of time to hold him/her, look into his/her eyes, and talk softly. Your baby can see and hear you. He/she is already learning!

Comfort your baby when he/she cries. Your baby fusses and cries to try to tell you what he/she wants. Holding will not spoil him/her.

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 the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.