

DATE

PATIENT NAME	DOB	SEX	PARENT NAME
--------------	-----	-----	-------------

Allergies	Current Medications
-----------	---------------------

Prenatal/Family History

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

Birth History Birth Wt.: _____ Gestation: _____ □ Vaginal □ C-Section Complications □ Y □ N	Anticipatory Guidance/Health Education (√ if discussed)
---	---

Interval History:
(include injury/illness, visits to other health care providers, changes in family or home)

Patient Unclothed □ Y □ N

Apnea □ Y □ N □ Monitor

Nutrition
 □ Breast every _____ hours
 □ Formula _____ oz every _____ hours
 With iron □ Y □ N
 Type or brand _____

□ City water □ Well water
 Solids □ Y □ N

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:
 □ Immunizations Reviewed, Given & Charted – if not given, document rationale
 □ DTaP □ IPV □ HepB □ Hib □ PCV
 □ MCIR checked/updated
 □ Acetaminophen _____ mg. q. 4 hours

Next Well Check: 4 months of age

Developmental Questions and Observations on Page 2

Provider Signature: _____

Review of Systems		Physical Exam		Systems
N	A	N	A	
□	□	□	□	General Appearance
□	□	□	□	Skin/nodes
□	□	□	□	Head/fontanel
□	□	□	□	Eyes
□	□	□	□	Ears
□	□	□	□	Nose
□	□	□	□	Oropharynx
□	□	□	□	Gums/palate
□	□	□	□	Neck
□	□	□	□	Lungs
□	□	□	□	Heart/pulses
□	□	□	□	Abdomen
□	□	□	□	Genitalia
□	□	□	□	Spine
□	□	□	□	Extremities/hips
□	□	□	□	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 □ ISS □ Early On
 □ 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/cigarettes away from baby
 - Don't leave baby alone in tub or high places; always keep hand on baby
 - Water temp. <120 degrees/test with wrist
 - Wash hands often/clean toys
 - Put baby to sleep on back
 - Don't use soft bedding or toys in sleep area
 - Never shake baby
 - Know signs of illness
 - Emergency procedures home, child care

- 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
 - Practice good family oral health habits

- Infant Care**
- Thermometer use; antipyretics
 - Skin/nail care; elimination
 - Pacifiers, thumbsucking
 - Sleeping
 - Colic/crying

- Parent-Infant Interaction**
- Look, listen and smile at baby
 - Learn baby's temperament
 - Console, hold, cuddle, rock, play with 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
 - Meet needs of other children
 - Family Planning
 - Substance Abuse, Domestic Violence, Depression

- Community Interaction**
- Parenting classes/support group
 - Discuss child care, returning to work, play group

WELL CHILD EXAM-INFANCY: 2 Months

DATE	PATIENT NAME	DOB
------	--------------	-----

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 quiets when picked up.

 My baby is sleeping well.

 My baby is eating well, sucking well.

 My baby makes cooing sounds.

 My baby lifts his/her head while on tummy.

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		
Coos and vocalizes reciprocally*	Yes	No	Looks at infant	Yes	No
Smiles responsively	Yes	No	Picks up and soothes infant or comforts baby effectively	Yes	No
Follows to midline	Yes	No	Are parent and baby interested in and responsive to each other?	Yes	No
Is attentive to voices, sounds, visual stimuli	Yes	No	Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?	Yes	No
Some head control in upright position	Yes	No			
Shows pleasure interacting w/parent	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:

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 2 Months

Milestones

Ways your baby is developing between 2 and 4 months of age.

Likes to look at and be with familiar people.

Shows excitement by waving arms and legs and smiles when you speak to him/her.

Eyes follow people and things.

Lifts head and shoulders up when lying on tummy.

Babbles and coos; smiles/laughs/squeals.

Likes toys that make sounds and tries to hold small toys.

Holds his/her own hands and feet

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-WOMAN (9662), or visit the website at: <http://www.4woman.gov/breastfeeding>
- LA LECHE League at 1-847-519-7730. 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:

<http://www.depressionafterdelivery.com/Home.asp>

For information about childhood development:

Contact EarlyOn Michigan at 1-800-327-5966 or the Michigan Head Start Associations at 1-517-374-6472.

Domestic Violence hotlines:

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

Safety Tips

Preventing burns:

- Check to make sure the bath water is lukewarm, not hot, before you put your baby in the water.
- Avoid drinking hot coffee, tea, or other drinks while holding your baby.
- Keep your baby out of the sun. Dress your baby in a hat with a rim and clothes that cover the arms and legs.

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

"Well Child" check-ups help keep your baby healthy. Try not to miss these doctor visits. If you do, call for another appointment.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit.

Breast milk or formula is all that babies this age need to grow. Avoid giving juice to your baby at this age. Sometimes your baby will need to eat more often than other times. This means he/she is growing faster.

You can keep breast-feeding when you go back to work. For information on breast feeding and working, talk to your doctor or nurse or call WIC.

Keep your baby away from people who are smoking. Tobacco smoke may cause your baby to be sick with breathing problems, ear infections, and may increase the chance of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on his/her back to lower the chance of SIDS. Make sure grandparents and other baby sitters also put your baby to sleep on his/her back.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Help your baby learn and grow by playing lovingly with him/her.

Talk and sing to your baby and look into his/her eyes. This helps your baby know you love him/her. It also helps his/her brain grow.

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.