**HISTORY:**

Family health history documented & updated?\_\_\_\_\_\_\_\_\_\_\_\_\_

Perinatal history documented & updated?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSYCHOSOCIAL ASSESSMENT:**

**Sleep: Child care:**

**Maternal Depression?** Yes / No

**Support?**

**Recent changes in family:** *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Environment:** Smokers in home? Yes / No

**Violence Assessment:**

History of injuries, accidents? Yes / No

Evidence of neglect or abuse? Yes / No

**­Risk Assessment: TB** Circle Positive/Negative (Annual)

**PHYSICAL EXAMINATION**

Wnl Abn *(describe abnormalities)*

 Appearance/Interaction

 Growth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Skin/Umbilicus

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head/Face/Fontanelles

 Eyes/Red reflex/Cover test

 Ears

 Nose

 Mouth/Gums

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Neck/Nodes

 Lungs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Heart/Pulses

 Chest/Breasts

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Abdomen

 Genitals/Circumcision

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Extremities/Hips/Feet

 Neuro/Reflexes/Tone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vision *(gross assessment)*

 Hearing *(gross assessment)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutritional Assessment:**

**Breast/bottle:** Amount & frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bowel/bladder:** Number of wet\_\_\_\_\_\_, dry\_\_\_\_\_\_ in 24 hours?

Number BM's in 24 hours? \_\_\_\_\_\_\_\_\_\_

**Education:** Hold to feed Use of pacifier

If breast fed, Vitamin D Feed on demand Growth spurts

**DEVELOPMENTAL SURVEILLANCE:** *(****O****bserved or* ***R****eported)*

**Social:** Regards face  Alert  Social smile

**Fine Motor:** Follows 90 degrees  Grasps

**Language:** Coos  Laughs

**Gross Motor:** Head steady when sitting  Hand brought to mouth

**ANTICIPATORY GUIDANCE:**

**Social:** Time out for parent Parental adjustment

Sibling rivalry

**Parenting:** Respond to cry  Trust-building Holding, comfort

**Play and communication:** Crying is communication

Voices, mobiles, music, pictures

**Health:** Diaper/skin care  Bathing & washing hair

Sneezing, hiccoughs, soft spot

Taking baby's temperature  Second hand smoke

**Injury prevention:** Rear facing/rear riding infant car seat

Sleep on back  Smoke detector/escape plan Hot water set at 120º  Choking/suffocation Poison control # Fall prevention (heights)

Hot liquids Firearms (owner risk/safe storage) Water safety (tub)  Don’t leave unattended

**PLANS/ORDERS/REFERRALS**

1. Immunizations ordered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Second metabolic screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Follow-up newborn hearing screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Next preventive appointment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Referrals for identified problems? *(specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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