Name:_____ DOB: _____ Actual Age: _____

Language Spoken_____ Interpreter Name _____

Date: _____

1 to 2 MONTHS

NURSING INTAKE

Height: Weight: H.C.: Temp.: Heart Rate: Resp.:

Allergies: Growth charts completed:

Abuse: Notes:

Alternate health care provider: MA Signature

INTERVAL HISTORY

Feedings: Breastfeed or bottle Has WIC: Yes / No

Illnesses: Sleep position: TB Risk Yes / No

Stools: Accidents:

Vision: Hearing: Exposure to tobacco smoke:

Is mother getting enough sleep? Yes/ No

GROWTH-DEVELOPMENT

[ ] Prone, lifts head 45°
[ ] Vocalizes (cooing)
[ ] Smiles responsively (social)
[ ] Follows past midline
[ ] Kicks
[ ] Grasps

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance [ ] Well-nourished and developed
[ ] No abuse/neglect evident
Head [ ] Symmetrical, A.F. open _____ cm
Eyes [ ] Conjunctivae, sclera, pupils normal
[ ] Red reflexes present
[ ] Appears to see [ ] No strabismus
Ears [ ] Canals clear, TMs normal
[ ] Appears to hear
Nose [ ] Passages patent
Mouth & pharynx [ ] Normal color, no lesions.
Neck [ ] Supple, no masses palpated

Heart [ ] No murmurs, regular rhythm
Lungs [ ] Breath sounds normal bilaterally
Abdomen [ ] Soft, no masses, liver & spleen normal
Genitalia: Male [ ] Normal appearance, circ./uncirc.
[ ] Testes in scrotum
Female [ ] No lesions, nl. external appearances
Hips [ ] Good abduction, leg lengths equal
Femoral pulses [ ] Present and equal
Extremities [ ] No deformities, full ROM
Skin [ ] Clear, no significant lesions
Neurologic [ ] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [ ] Vaccine reactions, risks and follow-up explained/VIS sheets

[ ] DTaP [ ] HIB [ ] HEP B
[ ] Nutritional assessment [ ] WIC referral [ ] Immunization registry entry
[ ] Rotavirus [ ] IPV [ ] Prevnar

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Breast vs. formula feeding, no milk or honey till 1 y/o, no bottle recumbent, feeding position, colic, WIC.
Behavior: Crying, thumb sucking, no discipline yet.
Injury and violence prevention: Rolling, playpen use, burns from hot liquids, lead poisoning prevention phone number.
Guidance: Fever, acetaminophen dose, hot water temp. 120°, smoking at home, sleeping position.
Safety precautions: Infant car seat, water safety, falls and window guards, nursery equipment, no smoking, thermometer use, childcare plan, looked cleaning supplies, pool safety, locked gun.
Infant care (bathing, skin, clothing), emergency care plan, no aspirin use, family spacing, sibling & family relationships, sun screen.

[ ] Refer to appropriate agency.

Next appointment [ ]2 months or_____ Signature _____Date _____