

Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

3, 4 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		Has WIC: Yes / No	TB Risk: Yes / No		
Feedings:		Breastfeed or Bottle	Sleep position:		
Illnesses:		Vision:			
Accidents:		Hearing:			
Stools:		Exposure to tobacco smoke:			
GROWTH-DEVELOPMENT		[]	Rolls side to side		
[]	Head steady when sitting	[]	Squeals or goos		
[]	Eyes follow 180°	[]	Orients to voices		
[]	Grasps rattle	[]	Brings hands together		
PARENTAL CONCERNS:					
PHYSICAL EXAMINATION					
General Appearance []		Well nourished and developed		Teeth []	Grossly normal
[]		No abuse/neglect evident		Heart []	No murmurs, regular rhythm
Head []	Symmetrical, A.F. open _____ cm		Lungs []	Breath sounds normal bilaterally	
Eyes []	Conjunctivae, sclerae, pupils normal		Abdomen []	Soft, no masses, liver & spleen normal	
[]	Red reflexes present		Genitalia: Male []	Normal appearance, circ./uncirc.	
[]	Appears to see [] No strabismus		[]	Testes in scrotum	
Ears []	Canals clear, TMs normal		Female []	No lesions, nl. external appearances	
[]	Appears to hear		Hips []	Good abduction, leg length equal	
Nose []	Passages patent		Femoral pulses []	Present and equal	
Mouth & pharynx []	Normal color, no lesions		Extremities []	No deformities, full ROM	
Neck []	Supple, no masses palpated		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	[] Hgb (if indicated)		
[] Nutritional assessment	[] WIC Referral	[] Immunization registry entry			
[] Rotavirus	[] IPV	[] Prevnar			
ANTICIPATORY GUIDANCE: Circle if discussed					
Diet: Breast vs. formula feeding, solids, no milk or honey till 1 y/o					
Behavior: Rolling, reaching for objects					
Injury & Violence prevention: Rolling, playpen use, burns from hot liquids, lead, poisoning prevention phone number, gun lock.					
Guidance: Teething, no bottle recumbent, URI treatment, aspiration risk with small objects, language stimulation, no discipline yet					
Safety Precautions: Infant car seat, water safety, falls, nursery equipment, smoke detector, choking prevention, sleeping position.					
Parental smoking, thermometer use, childcare plan, minor illness care, emergency care plan, locked cleaning supplies					
Infant care (bathing, skin, clothing), family spacing, sibling & family relationships, sun screen.					

[] Refer to appropriate agency.

Next appointment [] 2 months or _____ Signature _____ Date _____