

2 to 4 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL

Periodic Interperiodic Parent/Caregiver Request

NAME (Last) (First)		ID	DATE OF BIRTH
DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

INTERVAL HISTORY

PAST MEDICAL HISTORY WNL	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF NO, DESCRIBE)
DEVELOPMENTAL HISTORY WNL	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF NO, DESCRIBE)
BEHAVIORAL HEALTH STATUS WNL	<input type="checkbox"/> YES	<input type="checkbox"/> NO (IF NO, DESCRIBE)

NUTRITIONAL ASSESSMENT

<input type="checkbox"/> BREAST	<input type="checkbox"/> FORMULA:	WIC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> REFERRED	<input type="checkbox"/> VITAMINS	<input type="checkbox"/> IRON	<input type="checkbox"/> SOLIDS
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PHYSICAL EXAM

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE
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Are the following normal?

YES NO

COMMENTS

Appearance			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat/Teeth/Gums			
Nodes			
Heart			
Lungs			
Abdomen			
Fem. Pulse			
Ext. Gen.			
Hip Abduc.			
Extremities			
Spine			
Neuro			
Other			

LAB TESTS

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SENSORY SCREEN

NORMAL VISION? (red reflex, follows) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED	NORMAL HEARING? (i.e., smiles and/or turns toward speech or sound, coos) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED
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DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (prone - lifts chest, hands at midline, smiles spontaneously, rolls over one way, grasps rattle)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED

IMMUNIZATIONS

<input type="checkbox"/> CURRENT <input type="checkbox"/> DEFERRED <input type="checkbox"/> PROVIDED: LIST
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HEALTH EDUCATION, ANTICIPATORY GUIDANCE

<input type="checkbox"/> SOLID FOODS	<input type="checkbox"/> CHOKING, ASPIRATION	<input type="checkbox"/> FALLS
<input type="checkbox"/> TEETHING	<input type="checkbox"/> BABY-PROOF HOME	<input type="checkbox"/> "BACK TO SLEEP"

DIAGNOSIS:
PLAN:
SIGNATURE: