Health Maintenance Questionnaire

2 MONTHS

LINCOLN PEDIATRIC GROUP

Today's Date:

PATIENT NAME: Birth Date:

PARENTS: Age Today:

PARENTS' CONCERNS

List concerns you have? 1.
2.
3.
4.
5.

Please check any body areas that concern you:

☐Head	☐Heart	☐Bones	☐Hormones
☐Eyes	☐Lungs	☐Joints	☐Blood
☐Ears	☐Intestines	☐Muscles	☐ Glands
☐Nose	☐Kidneys	☐Brain	☐Immunity
☐Mouth	☐Genitals	☐Nerves	
☐Throat	☐Skin	☐Mental Health	

Answer the questions below and / or check YES or NO.

PATIENT INFORMATION

HISTORY

Describe any recent injuries or illnesses:

List medications taken routinely: ☐none

Note any new stresses in the family:

Are siblings adjusting to baby OK? ☐No siblings ☐Yes ☐No

Is your baby in day care? ☐No ☐Home based ☐Center based ☐Nanny

How many kids? Other:

Are there smokers in your baby's home or day care? ☐No ☐outside ☐other room

NUTRITION

FORMULA FEEDING:

How many ounces in 24 hrs? What formula?

BREAST FEEDING:

How many times does baby nurse in 24 hours?

How many minutes is each feeding?

Y N

☐☐Is baby fed on demand?

☐☐Have you given supplemental formula?

☐☐Are you pumping breast milk?

How many of each per day: spit ups: wets:

How often does baby pass stool?

- Call with rectal temp >100.5°
- Avoid 2nd hand smoke.

BREAST FEEDING RECOMMENDATIONS

- 8-12 feedings in 24hrs is typical
- Nurse at least every 3 hours during the day so baby will sleep longer at night.
- Don't go more than 5hrs at night without removing milk (pump if baby sleeps longer)
- If baby is supplemented with pumped breast milk or formula → pump (supply : demand)
- Expect at least 1 feeding at night .
- Should gain about 6oz per week and follow the growth curve at check-ups.
- Request a weight check if baby is excessively sleepy, fussy, or not clearly gaining weight.
- If using a nipple shield, do weight checks half way between regular well baby check – ups.
- Needs at least 24oz of milk each day
- Spitting up does not always indicate over feeding, but rather an immature and "loose" valve between esophagus and stomach.
- Don't restrict feedings / Feed on demand
- Don't overuse the pacifier. Is baby hungry?
- Back to work? Pump/freeze milk properly.
- Introduce bottle if returning to work.
- Delay solids until 6 months old.
- Mom should not diet. Drink to thirst.
- Vitamin D 1ml per day if fed mostly breast milk.

STOOLING EXPECTATIONS

- **BREAST FED**: Stools several times per day or only once per week. This is normal if it is soft.
- **FORMULA FED**: Stool frequency is variable, but should not be hard balls.

PHYSICAL EXAM

Ht_____ Wt_____ HC_____ VS:_____

Head/Fontanel	Nose	Lungs	Back
Eyes/Red reflexes	Mouth	Heart	Hips
Ears	Throat	Femoral pulses	Extremities
	Neck	Abdomen	Skin
	Chest	Genitalia	Neurologic

LAB

IMMUNIZATIONS

☐Given at Health Department

ASSESSMENT

PLAN

PLEASE COMPLETE OTHER SIDE OF FORM

Patient Name: Birth Date:

2 month

DEVELOPMENT AND BEHAVIOR

☐Yes ☐No Are you concerned about your child's development or behavior?

Y N
☐☐Does baby respond to sounds by becoming alert and quiet?
☐☐**Does s/he look at your face and follow you with his/her eyes past midline?**

MOTOR

Y N
☐☐Does baby hold his/her head in the midline when held in an upright position?
☐☐**Does baby lift his/her chest off the floor during "tummy time?"**
☐☐Will baby grasp a finger or rattle placed in his/her hand?

LANGUAGE

Y N
☐☐Do you talk, read and sing to baby?
☐☐Does s/he respond to your voice by cooing?

SOCIAL

Y N
☐☐Does s/he enjoy looking at a mobile and non-breakable mirror?
☐☐Does baby respond by smiling?
☐☐Can s/he be consoled from crying most of the time?
(Colic usually goes away around 3 months of age.)

SLEEP

How many hours does baby sleep at a time?

Y N
☐☐Have you established a bedtime routine?
☐☐Do you put baby down when drowsy to teach self-quieting?
☐☐Do you put baby down on his/her back?
☐☐Do you avoid bulky bedding in the crib?
☐☐Do you alternate baby's head position to prevent flattening of the skull?

Where does baby sleep?

SAFETY AWARENESS

The shaded items are new for the 2 month visit.

Y N
☐☐Do you avoid drinking hot liquids while holding your baby?
☐☐Do you limit sun exposure?
☐☐Do you avoid putting baby in the car seat / bouncy seat set in high places?
☐☐Do you avoid the use of baby walkers?
☐☐Is baby's car seat rear facing in the back seat? ----------→
☐☐Is the water temperature in your house less than 120 degrees?
☐☐Do you have a fire escape plan?
☐☐Do you check your smoke detectors regularly?
☐☐Do you monitor baby closely around young siblings or pets?
☐☐Do you avoid putting necklaces or pacifiers on strings around baby's neck?
☐☐Are you aware that shaking your baby could cause permanent brain damage?

Car seat is rear facing until 2 yrs old or until they reach the highest weight or height allowed by car seat's manufacturer.

Who answered the above questions?

Thank you for helping us help you and your child!!