LINCOLN PEDIATRIC GROUP

Health Maintenance Questionnaire

2 WEEK

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:

Will your baby go to 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 months do you plan to breast feed?

How many times does baby nurse in 24 hours?

How many minutes is each feeding?

Y	N	
☐	☐	Is baby fed on demand?
☐	☐	Does baby latch on well?
☐	☐	Have you given supplemental formula?
☐	☐	Have you pumped breast milk?

- Call with rectal temp >100.5
- Saline nose drops / nasal suctioning.
- 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.
- If baby is supplemented with pumped breast milk or formula → pump (supply : demand)
- Should gain at least 7oz per week or 1oz per day.
- Request a weight check if baby is excessively sleepy, fussy, or not clearly gaining weight.
- Spitting up does not always indicate over feeding, but rather an immature and "loose" valve between the esophagus and stomach.
- Don't restrict feedings / Feed on demand
- Don't overuse the pacifier. Is baby hungry?
- Consider pumping each morning after nursing to freeze mlk for return to work.
- Mom should not diet. Drink to thirst.
- **Vitamin D 1ml per day if fed mostly breast milk.**

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

STOOLING EXPECTATIONS

- **BREAST FED:** Expect 6-8 wets and 3-4 loose mustardy stools per day. Frequency may decrease. **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

Newborn Screens
☐Normal
☐Pending
Other:

IMMUNIZATIONS

☐Health Department

ASSESSMENT

PLAN

PLEASE COMPLETE OTHER SIDE OF FORM

Patient Name: Birth Date:

2 week

DEVELOPMENT AND BEHAVIOR

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

Y N

☐☐Does baby respond to sound by blinking, crying, quieting or startling?
☐☐Does s/he move arms and legs equally?
☐☐Does baby lift his/her head slightly during "tummy time?"
☐☐Can s/he be consoled from crying most of the time?
(Colic may set in at this time. Crying 2-3 hrs/day, especially in evenings, is normal.)

S L E E P

How many hours does baby sleep at a time?

Y N

☐☐Do you put baby down awake?
☐☐Do you put him/her down on his/her back?
☐☐Do you avoid stuffed animals, bumpers, and blankets in the crib?
☐☐Do you alternate baby's head position to prevent flattening of the skull?
☐☐Do you avoid putting your baby in bed with you to sleep?

Where does baby sleep?

POSTPARTUM DEPRESSION SCREENING

☐Yes ☐No Are you concerned about your mood or feeling depressed?

In the past 7 days:

1. I have been able to laugh and see the funny side of things.
   - 0 As much as I always could.
   - 1 Not quite so much now.
   - 2 Definitely not so much now.
   - 3 Not at all.

2. I have looked forward with enjoyment to things.
   - 0 As much as I ever did.
   - 1 Rather less than I used to.
   - 2 Definitely less than I used to.
   - 3 Hardly at all.

3. I have blamed myself unnecessarily when things went wrong.
   - 3 Yes, most of the time.
   - 2 Yes, some of the time.
   - 1 Not very often.
   - 0 No, never.

4. I have been anxious or worried for no good reason.
   - 0 No not at all.
   - 1 Hardly ever.
   - 2 Yes, sometimes.
   - 3 Yes, very often.

5. I have felt scared or panicky for no very good reason.
   - 3 Yes, quite a lot.
   - 2 Yes, sometimes.
   - 1 No, Not much.
   - 0 No, not at all.

6. Things have been getting on top of me.
   - 3 Yes, most of the time I haven't been able to cope at all.
   - 2 Yes, sometimes I haven't been coping as well as usual.
   - 1 No, most of the time I have coped quite well.
   - 0 No, I have been coping as well as ever.

7. I have been so unhappy that I have had difficulty sleeping.
   - 3 Yes, most of the time.
   - 2 Yes, sometimes.
   - 1 Not very often.
   - 0 No, not at all.

8. I have felt sad or miserable.
   - 3 Yes, most of the time.
   - 2 Yes, quite often.
   - 1 Not very often.
   - 0 No, not at all.

9. I have been so unhappy that I have been crying.
   - 3 Yes, most of the time.
   - 2 Yes, quite often.
   - 1 Only occasionally.
   - 0 No, never.

10. The thought of harming myself has occurred to me.
    - 3 Yes, quite often.
    - 2 Sometimes.
    - 1 Hardly ever.
    - 0 Never.

Who answered the above questions?

Thank you for helping us help your child!