Health Maintenance Questionnaire

4 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:

Y N
☐☐Have you gone out without baby?
☐☐Are siblings adjusting to baby OK?

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?

- Avoid 2nd hand smoke.

GENERAL FEEDING RECOMMENDATIONS

- Formula with iron until age 1.
- Introduce solids between 4-6 months old.
- Start with #1 baby food jars.

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.
- Should sleep more at night, but expect at least one night feeding.
- 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)
- Should 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
- Feed on demand
- Back to work? Pump/freeze milk properly.
- Delay solids until 6 months old.
- 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:

How often does baby pass stool?

STOOLING EXPECTATIONS

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

PHYSICAL EXAM

Ht_____ Wt_____ HC_____ VS:_____

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

LAB

IMMUNIZATIONS

☐Given at Health Department
Shots up to date? ☐Yes ☐No
Any previous side effects? ☐Yes ☐No
If yes, what?

ASSESSMENT

PLAN

PLEASE COMPLETE OTHER SIDE OF FORM

Patient Name: Birth Date:

4 month

DEVELOPMENT AND BEHAVIOR

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

Y N
☐☐Does baby turn his/her head toward your voice?
☐☐Does s/he follow your face or an object with his/her eyes through 180 degrees?

MOTOR

Y N
☐☐Does baby hold his/her head straight when pulled from lying to sitting position?
☐☐Does baby push his/her chest off the floor and hold the head high?
☐☐Is s/he trying to roll over?
☐☐Will baby open his/her hands when at rest?
☐☐Does s/he reach for and bat at objects or the mobile?

LANGUAGE

Y N
☐☐Do you talk, read and sing to baby?

SOCIAL

Y N
☐☐Does s/he initiate social contact by smiling, cooing, laughing and squealing?
☐☐Is your baby starting to experience "stranger anxiety?"
☐☐Is s/he starting to enjoy peek-a-boo, so-big and pat-a-cake games?
☐☐Does baby seem to be "teething?" (Teeth usually appear after 6 months.)

SLEEP

How many hours does baby sleep at a time?

Y N
☐☐Have you established a bedtime routine?
☐☐Can baby comfort self and fall asleep without feeding?
☐☐Do you put him/her down when drowsy to teach self-quieting?
☐☐Does baby suck his/her thumb? (This is usually established by now if it will be a habit.)
☐☐Do you put baby down on his/her back?
☐☐Do you avoid bulky bedding in the crib?

Where does baby sleep?

SAFETY AWARENESS

The shaded items are new for the 4 month visit.

Y N
☐☐Do you check toys for breakage and small parts that may cause choking?
☐☐Is baby's car seat rear facing in the back seat?➔
☐☐Is the water temperature in your house less than 120 degrees?
☐☐Do you avoid drinking hot liquids while holding your baby?
☐☐Do you limit sun exposure?
☐☐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 baby in the car seat / bouncy seat set in high places?
☐☐Do you avoid the use of baby walkers?
☐☐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!!