

2- 4 WEEK WELL CHILD VISIT

Hirsch Holistic Family Medicine
3525 Ensign Rd NE, Ste N, Olympia, WA 98506
Phone: (360) 464-9965 Fax: (888)897-8320

Patient name: _____ Date _____ Age _____
Accompanied by: _____ Birthdate _____

PARENT SECTION: Please check yes or no and fill in the blanks.

BIRTH HISTORY

No Yes Were there any complications with the pregnancy or delivery?
If yes, what? _____
My baby's birth weight was _____
He/she was born by c-section / vaginal delivery

No Yes Health problems affecting children run in my family _____

GENERAL ISSUES

Yes No Overall, I feel confident that my baby is doing well
No Yes I am having some baby blues
Yes No I have enough help with the baby
Who lives with you and the baby? _____

No Yes Parenting is harder than I thought it would be
No Yes My baby is fussier than the average baby

FEEDING/SLEEPING

No Yes I have questions about my baby's feeding
My baby takes breast milk every _____ hrs, or
_____ Formula, _____ oz, every _____ hrs

No Yes My baby has a problem with spitting up
Yes No I am satisfied with my baby's sleep schedule
Longest sleep period: Daytime _____ Nighttime _____
How do you get your baby to sleep?
Feeding / Rocking / Pacifier / Self / Other _____
Where does your baby sleep? _____

VOIDING/STOOLING

Yes No My baby pees and poops normally
Per day: wet diapers _____ stool diapers _____

DEVELOPMENT

No Yes I have questions about my baby's development
Yes No My baby looks at my face
Yes No My baby moves both arms and both legs equally
No Yes My baby feels too stiff or too floppy when I hold him/her
Yes No My baby responds to noises

PREVENTION

No Yes My baby lives with someone who smokes cigarettes
Yes No I always keep my baby in the car seat when driving
Yes No My baby sleeps only on his/her side or back
Yes No I know how to take a temperature and treat a minor cold
No Yes I have questions about immunizations/shots
Yes No I have smoke detectors at home and test them regularly
Yes No My hot water heater is set to 120°F
Yes No Are there any other issues you want to discuss today?

DISCUSSION TOPICS

Perinatal risk factors
GBS
Breech

General questions
Postpartum depression
Exhaustion
Parenting support
Sibling, partner adjustment
Infant temperament/colic

Continue breastfeeding
Feed every 2-4 hours
Normal vs. pathologic reflux

Supine sleep position
Safe sleep environment

Normal variation

Anticipate smiling, cooing
Tummy time when awake
Hearing screen

SIDS prevention
Risk of tobacco exposure
Smoking cessation
No exceptions with car seat
Call for fever over 100.4
Smoke detector maintenance
Burn and fall prevention
Crib safety
Never leave baby alone
Injuries #1 cause of death

