

2 MONTH WELL CHILD VISIT

Hirsch Holistic Family Medicine

3525 Ensign Rd NE Ste N

Olympia WA 98506

(360) 464-9965 / (800) 897-8320 fax

Patient name: _____ Date _____ Age _____

Accompanied by: _____ Birthdate _____

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

GENERAL ISSUES

Yes No Overall, I feel confident that my baby is doing well

Yes No I have enough help with the baby

Who lives with you and the baby?

No Yes I am having some "baby blues"

No Yes Parenting is harder than I thought it would be

No Yes My baby is fussier than the average baby

No Yes I plan to return to work/school. When? _____

FEEDING

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

SLEEPING

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 AND STOOLING

No Yes My baby pees and poops normally

Wet diapers _____ Stool diapers _____ per day

DEVELOPMENT

No Yes I have questions about my baby's development

Yes No My baby looks at my face

Yes No My baby smiles at people

Yes No My baby makes cooing noises

Yes No My baby can lift his/her head when lying on his/her tummy

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

Yes No My hot water heater is set to 120°F

DISCUSSION TOPICS

General questions

Exhaustion

Sibling, partner adjustment

Postpartum depression

Parenting support

Infant temperament/colic

Childcare arrangements

No solids until 4-6 months

Continue breastfeeding

Avoid bottle propping or
bottle in bed

Normal v. pathologic reflux

Vit D supplement if less than

500cc formula/day

Normal range 2-8 hours

Sleep associations

Safe sleep environment

Supine sleep position

Normal variation

R-PDQ if concerns

Smile= Key social milestone

Anticipate rolling/falls

Tummy time

Check hearing screen results

Risk of tobacco exposure

Smoking cessation

No exceptions with car seat

SIDS prevention

Call for fever over 100.4

Smoke detector maintenance

Burn prevention

Accidents #1 cause of death

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No o Yes o Are there any other issues you want to discuss today?

PHYSICAL EXAM: (All items examined unless crossed out. Abnormalities circled and commented on)

Height: cm (%) T:
Weight: kg (%) P:
OFC: cm (%) RR:

General Appearance: Alert, no apparent distress, social
Skin: No lesions
Head/Fontanelles: Normocephalic, AF x
EENT: Conjunctiva clear, red reflex normal b/l
TMs pearly, nares patent, normal oral mucosa
Neck: Full range of motion bilaterally
Lungs: Clear
CV: Normal S1, S2, RRR without murmur, normal femoral pulses
Abdomen: Soft, no hepatosplenomegaly or masses
Extremities: Symmetric, no deformities
Hips: Negative Barlow/Ortolani, > 60° abduction
Genitourinary: Male: testes descended, circ/uncirc
Female: normal external genitalia
Neurologic: Moves all extremities symmetrically, normal tone, responds to clap, positive moro, (toes up going bilaterally)

ASSESSMENT:

PLAN:

- 1. Growth and Developmental Progress
o Normal for age
o Concerns
2. Immunizations
3. Screening
Hearing Screen: o Normal o Abnormal
Second PKU: o Normal o Abnormal
4. Tobacco exposure
o Yes o No
5. Nutrition
o Adequate Vit D intake (>500cc formula/day or sunlight)
6.

- o Discussed recommended schedules, risks and benefits
o DtaP #1 o Prevnar #1
o HIB #1 o IPV #1
o Hep B # o Other
o Audiology referral
o PKU ordered today
o Cessation counseling
o Exposure avoidance
o Referral
o Vit D supplement

Next visit at 4 Months
o Problem list updated o Allergies updated
o Med list updated o See dictated note

Provider Signature

Date

Preceptor Signature