2–6 Months

Department of State Health Services
Child Health Record
Preventive Health Visit

Client Information

Name: _____
DOB: _____ /_____/ _____ Age: _____ Sex: _____
SSN/Record No.: _____
Race/Ethnicity: _____
Informant/Relationship: _____
Medical Home: _____

Family Profile and Health

_____ No change in household since last visit
Child lives with:
_____ Mother ____ Father ____ Stepparent _____ Grandparent
_____ Other
Total adults living in home: _____
Total children living in home: _____
Primary caretaker for this child: _____
Relationship: _____
Family's concerns/problems:

Development

Parent's concerns:

Developmental Screening: _____P ____ F
Type of Developmental Screen:
Standardized Parent Questionnaire: _____
Standardized Observational Screen: _____
Other: _____
Further assessment needed: _____Y ____ N
Mental Health (see "Key Elements" on reverse side):

Child's Health

Allergies:
Does the system review note any problems or parent concerns: _____Y _____N
Explain:
Major illness, injury, hospitalization, surgery (since last visit):

Medications taken regularly — Type/Reason:

Physical Examination

Hct/Hgb _____ Lead _____
Temp _____ Pulse _____ Resp _____
FOC _____ Height _____ Weight _____
(%) _____ (%) _____ (%) _____

N	A	NE		N	A	NE	
____	__	___	Appearance	____	__	___	Heart/pulses
____	__	___	Head/fontanels	____	__	___	Lungs
____	__	___	Skin/nodes	____	__	___	Abdomen
____	__	___	Eyes (RR)	____	__	___	Genitalia/anus
____	__	___	Ears	____	__	___	Spine/hips
____	__	___	Nose	____	__	___	Extremities
____	__	___	Mouth/throat	**Neurologic:**			
____	__	___	Teeth	____	__	___	Muscle tone
____	__	___	Neck	____	__	___	DTRs
____	__	___	Chest/breasts	____	__	___	Primitive reflexes

Additional documentation:

Nutrition

Problems: developmental, special diet, inappropriate weight gain/loss, chronic GI problems* _____Y _____N
**If answered yes, further assessment needed.*
Breast-fed: Number of feedings in last 24 hours: _____
Length of feedings: _____ **WIC:** _____Y _____N
Formula-fed: Type: _____
Iron fortified: _____Y _____N
Ounces consumed in 24 hours: _____ Fluoride: _____Y _____N
Solid foods introduced at age:

Sensory

Vision Screen: _____Normal _____Abnormal
Hearing Screen: _____Normal _____Abnormal
Screen used: _____Hearing Checklist for Parents

Health Education

Injury Prevention
____Car safety restraints
____Falls, Infant walker
____Burns
____Choking management
____Sleep position (SIDS)
____Passive smoking
____Pool/bath safety

Behavior
____Parent/infant interaction
____Sleeping
____Inappropriate expectations
____Daycare/babysitters

Health Promotion
____Immunizations
____Thermometer use, Tylenol
____Teething, wipe teeth
____When to call doctor
____Well-child care
____Family planning

Nutrition
____Breastfeeding
____No solids until 4 months
____Formula preparation
____Infant held (no bottle in bed)

Assessment

Plan

WIC: ____Referred ___Refused _ ___N/A
Immunizations: Up to date To be given today ___Deferred
Explain:
Lab:
Newborn Screening: Up to date ____ To be done today
Next appointment:

Date: _____ Signature/Title: _____ Signature/Title _____

2–6 Months

If used for documentation:_____
Patient's Name: _____
Date: _____

Key Elements

Systems Review

Skin: Rashes, infections
Ears: Hearing or ear problems
Eyes: Eye discharge, deviation, excessive tearing
Nose/Mouth/Throat: Nasal congestion

Cardio/respiratory: History of murmur, trouble with breathing, wheezing
Gastrointestinal: Bowel movement frequency, problems/concerns, vomiting
Genitourinary: (Male) Normal stream, number of wet diapers
Neuromuscular: Seizures, coordinated movements
Musculoskeletal: Fractures, range of motion

Mental Health

The mental health assessment of this age also includes the developmental assessment and information from the family profile.

Feelings: Anxious, cries excessively or too little, irritable
Behavior: Overactivity, listlessness
Social Interaction: Failure to respond socially
Thinking: Unattentive
Physical Problems: Low weight for age, weight loss, vomits, problem eating, lacks energy, sleeping problems
Other: Known history of neglect, physical, sexual or emotional abuse, prenatal substance abuse

Progress Notes