

**SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 4 MONTHS**

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____ Immunization reactions _____

Other _____

PRESENT HISTORY

Medications: _____

Diet & Feeding: Breast Bottle _____ formula

Bowel movements _____

Sleep _____

DEVELOPMENT

Follows 180° _____ Laughs _____

Reaches _____ Holds rattle _____

Rolls over _____ Prone-lifts head & body _____

SOCIAL/FAMILY

Child Care _____

Family Stresses _____

Smoke Exposure _____

Siblings _____

Other _____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ % _____ Weight _____ % _____

HC _____ % _____ Temp _____ Pulse _____ RR _____

N AB COMMENTS

- Gen. Appearance _____
- Skin _____
- Head/Fontanel _____
- Eyes/RR/Strabismus _____
- Ears/Nose/Oropharynx _____
- Neck/Nodes _____
- Chest/Lungs _____
- Cardiovascular/Pulses _____
- Abdomen _____
- Genitalia _____
- Musculoskeletal/Hips _____
- Neuro/Reflexes _____
- Hearing _____
- Vision _____

ANTICIPATORY GUIDANCE

Diet

- Continue Breast/formula
- Starting solids/one new food at a time

Development

- Plays on tummy
- Toys- rattle, spoon, cup, ball
- Talking to baby
- Plays games/peek-a-boo/so-big/repetition

Injury Prevention

- Car Seat
- Burn Prevention
- Smoke Detectors
- No walker
- Fall prevention

Medical Education

- Review immunizations
- Acetaminophen dose
- Anticipate teething
- No smoking
- Telephone

IMMUNIZATIONS: DTaP/IPV/HIB Prevnar

Rotateq Other _____

Vaccine Information Sheet given & discussed
Vaccine concerns? No Yes: Resolved Deferred Refused
Comments _____

If vaccines not given, form signed? No Yes

ASSESSMENT/RECOMMENDATIONS

Healthy infant _____

 Return for 6 month checkup

_____, M.D.

SICK VISIT – Mod 25
CC:

HPI:

MDM:

>50% of _____ min visit spent counseling