

**SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 6 - 8 WEEKS**

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____

Other _____

PRESENT HISTORY

Medications: _____

Feeding: Breast Bottle _____ formula

Spitting/Gas _____

Bowel movements _____

Sleep _____

DEVELOPMENT

Smiles _____ Responds to sound _____

See / tracks _____ Head up prone _____

Excessive crying / Colic _____

SOCIAL/FAMILY

Parents/Caregiver Smoker Yes No _____

Family / Stresses _____

Sibling Rivalry _____

Return to work plans _____

Child Care / Family Support _____

Maternal stress/postpartum depression? Yes No

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/Cord _____
- Genitalia _____
- Musculoskeletal/Hips _____
- Neuro/Reflexes /Tone _____
- Hearing _____
- Vision _____

ANTICIPATORY GUIDANCE

Diet

- Breast/formula Crib
- Maternal diet/Vitamins Bathing/Water temp
- Use of Vitamins/iron Smoke Detectors
- Stool pattern changes Fall prevention
- No Solids/juice Hot liquids/burns
- No bottle propping Rolling over/don't leave unattended

Development

- Laugh/responsive smile Sleep position
- Talking to baby/music Review immunizations
- Appropriate toys Treatment of fever

Medical Education

- Acetaminophen
- Telephone calls

Injury Prevention

- Car Seat

IMMUNIZATIONS: DTaP/IPV/HIB Prevnar Hep B

Rotateq Other _____

Vaccine Information Sheet given & discussed

Vaccine concerns? No Yes: Resolved Deferred Refused

Comments _____

If vaccines refused, form signed? No Yes

ASSESSMENT/RECOMMENDATIONS:

Healthy infant _____

Return for 4 month checkup

_____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling