

Birth to 11 Months Worksheet

DATE:	AGE:	Reason for visit (Well check):
Interim History since last well child visit:		
Concerns to discuss today: <i>OLD CARTS, present history in logical, chronological order</i>		
Review Past Medical History/Family Medical History (PMH/FMH): <i>Include appropriate information, including dates of hospitalizations/surgeries if possible, ages/illnesses of relatives</i>		
Medications: <i>Include names, dosages, and frequencies of prescription, over-the-counter, and alternative therapies</i>		
Allergies: <i>Include drug, food, and environmental allergies and patient's reaction</i>		
Social History: <i>Include who lives at home, who cares for the baby/daycare, smoke exposure, pets</i>		
Nutritional Assessment: <i>Breastfeeding ___ min every ___ hours.</i> <i>Mother's assessment of milk production: _____</i> <i>Formula: ___ oz every ___ hr</i>		<i>Other foods</i> <i>Vitamins (fluoride, iron and vitamin D)</i> <i>Wet diapers per day</i> <i>Stools per day</i> <i>Parent concerns regarding nutrition or output</i>
Mental Health Assessment: <i>Include infant crying, sleep, family stress, parenting needs, child abuse risk</i>		
Developmental Assessment/Ages and Stages Questionnaire: <i>List milestones achieved: gross motor/fine motor/language/personal-social</i>		
Review of Systems: Physical Exam: Vital signs <i>Include Weight _____, _____ (%), Length _____, _____ (%),</i> <i>Head circumference _____, _____ (%), Weight for length</i> <i>_____, _____ (%), Temperature _____, Pulse _____,</i> <i>Respiratory Rate _____, Blood Pressure (if applicable) _____</i> General appearance Head/Fontanelles Eyes Ears Nose Mouth and Teeth		Oropharynx Neck/Nodes Respiratory Cardiovascular Abdominal Genitalia Musculoskeletal Neurologic/Reflexes Skin Other
Screening: <i>Vision, Hearing, Hemoglobin, Lead questionnaire, Tuberculosis questionnaire, Dental screening/varnish</i>		
Health Education/Anticipatory Guidance: <i>Nutrition: breastfeeding/formula, advancing diet, avoid honey, WIC, growth charts</i> <i>Safety: bath, hot water, smoke detectors, car seats, childproofing, ingestions, choking, walkers/jumpers, falls, sleep position</i> <i>Health Promotion: immunizations, tobacco exposure, medical resources</i> <i>Family: siblings, address concerns</i>		
Immunizations indicated today:		
Labs (hemoglobin/lead/other)/procedures (dental varnish) indicated today: <i>Based on screening and Texas Health Steps recommendations</i>		
Next Well Check:		