Birth to 11 Months Worksheet

<table>
<thead>
<tr>
<th>DATE:</th>
<th>AGE:</th>
<th>Reason for visit (Well check):</th>
</tr>
</thead>
</table>

**Interim History since last well child visit:**

**Concerns to discuss today:**

OLD CARTS, present history in logical, chronological order

**Review Past Medical History/Family Medical History (PMH/FMH):**

Include appropriate information, including dates of hospitalizations/surgeries if possible, ages/illnesses of relatives

**Medications:**

Include names, dosages, and frequencies of prescription, over-the-counter, and alternative therapies

**Allergies:**

Include drug, food, and environmental allergies and patient’s reaction

**Social History:**

Include who lives at home, who cares for the baby/daycare, smoke exposure, pets

**Nutritional Assessment:**

- Breastfeeding ___ min every ___ hours.
- Mother’s assessment of milk production:__________
- Formula: ___ oz every ___ hr

- Other foods
  - Vitamins (fluoride, iron and vitamin D)
  - Wet diapers per day
  - Stools per day
  - Parent concerns regarding nutrition or output

**Mental Health Assessment:**

Include infant crying, sleep, family stress, parenting needs, child abuse risk

**Developmental Assessment/Ages and Stages Questionnaire:**

List milestones achieved: gross motor/fine motor/language/personal-social

**Review of Systems:**

**Physical Exam:**

- Vital signs
  - Include Weight______,_____(%), Length______,_____(%), Head circumference______,_____(%), Weight for length _______(%), Temperature_____,___(%), Pulse_____,___(%) 
  - Respiratory Rate_____, Blood Pressure (if applicable)____

- General appearance
- Head/Fontanelles
- Eyes
- Ears
- Nose
- Mouth and Teeth

- Oropharynx
- Neck/Nodes
- Respiratory
- Cardiovascular
- Abdominal
- Genitalia
- Musculoskeletal
- Neurologic/Reflexes
- Skin
- Other

**Screening:**

Vision, Hearing, Hemoglobin, Lead questionnaire, Tuberculosis questionnaire, Dental screening/varnish

**Health Education/Anticipatory Guidance:**

Nutrition: breastfeeding/formula, advancing diet, avoid honey, WIC, growth charts

Safety: bath, hot water, smoke detectors, car seats, childproofing, ingestions, choking, walkers/jumpers, falls, sleep position

Health Promotion: immunizations, tobacco exposure, medical resources

Family: siblings, address concerns

**Immunizations** indicated today:

**Labs** (hemoglobin/lead/other)/**procedures** (dental varnish) indicated today:

Based on screening and Texas Health Steps recommendations

**Next Well Check:**