

Infant Well Child Worksheet (Birth to 11- Months)

Vital Signs:		Health Education (continued):	
Weight: _____	Percentile	<u>Safety</u>	<u>Family</u>
Length: _____	Percentile	Bath safety, hot water	Siblings
Head circumference: _____		Smoke detectors	Family planning
Temperature: _____		Car seats	Family concerns
Pulse: _____		Childproofing	
Respiratory rate: _____		Poisoning	
Blood pressure: _____		Walkers/Jumpers	
Interim history since last well child visit:			

Medications: _____		Physical Exam:	
Allergies: _____		General appearance	
Nutritional Assessment:		Skin	
Breast feeding		Head	
Formula		Eyes	
Other foods		Ears	
Fluoride/iron/vitamin		Nose	
Normal feedings		Oropharynx	
Normal stools		Teeth	
Developmental Assessment:		Neck/nodes	
<u>2-3 mo.</u>	<u>4-6 mo.</u>	Heart	
Regards face	Social smile	Chest & lungs	
Eyes follow	Vocalizes vowels	Cardiovascular/pulses	
Responds to sound	Reaches	Abdomen	
Head steady, 90°	Sits with support	Genitalia	
<u>7-11 mo.</u>		Musculoskeletal	
Sits alone		Neuro/reflexes	
Transfers toys		Further description of PE: _____	
Simple games			
Babbles			
Screening:			
Vision			
Hearing			
Hemoglobin			
Lead questionnaire			
Tuberculosis questionnaire:			
Dental referral			
Mental Health Assessment:			
Sleep problems			
New family stresses			
Day care (type)			
Living with both parents			
Extended family support			
Parenting needs			
Child abuse risk			
Assessment: (Developmental issues, Problems & Status)			
1.			
2.			
3.			
Health Education:			
<u>Nutrition</u>		<u>Health Promotion</u>	
Formula/Breast		Immunizations	
Feeding technique		Choking	
WIC		Exposure to smoking	
		Medical Resource Use	
		Minor acute illness	
		Sleeps back/side	
Plan: (Immunizations, Medications, Referrals, & Follow up)			
1.			
2.			
3.			

