

## Infant Well Child Worksheet (Birth to 11- Months)

### **Vital Signs:**

Weight: \_\_\_\_\_ Percentile

Length: \_\_\_\_\_ Percentile

Head circumference: \_\_\_\_\_

Temperature: \_\_\_\_\_

Pulse: \_\_\_\_\_

Respiratory rate: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

### **Interim history since last well child visit:**

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

### **Nutritional Assessment:**

Breast feeding

Formula

Other foods

Fluoride/iron/vitamin

Normal feedings

Normal stools

### **Developmental Assessment:**

2-3 mo.

Regards face

Eyes follow

Responds to sound

Head steady, 90°

4-6 mo.

Social smile

Vocalizes vowels

Reaches

Sits with support

7-11 mo.

Sits alone

Transfers toys

Simple games

Babbles

### **Mental Health Assessment:**

Sleep problems

New family stresses

Day care (type)

Living with both parents

Extended family support

Parenting needs

Child abuse risk

### **Health Education:**

Nutrition

Formula/Breast

Feeding technique

WIC

Health Promotion

Immunizations

Choking

Exposure to smoking

Medical Resource Use

Minor acute illness

Sleeps back/side

### **Health Education (continued):**

Safety

Bath safety, hot water

Smoke detectors

Car seats

Childproofing

Poisoning

Walkers/Jumpers

Toxin/Lead

Falls

Family

Siblings

Family planning

Family concerns

### **Physical Exam:**

General appearance

Skin

Head

Eyes

Ears

Nose

Oropharynx

Teeth

Neck/nodes

Heart

Chest & lungs

Cardiovascular/pulses

Abdomen

Genitalia

Musculoskeletal

Neuro/reflexes

Further description of PE: \_\_\_\_\_

\_\_\_\_\_

### **Screening:**

Vision

Hearing

Hemoglobin

Lead questionnaire

Tuberculosis questionnaire:

Dental referral

### **Assessment:** (Developmental issues, Problems & Status)

1.

2.

3.

### **Plan:** (Immunizations, Medications, Referrals, & Follow up)

1.

2.

3.

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