Priority Health

Reference Code Sheets for Accurate Billing

WELL CHILD EXAM-INFANCY: Newborn–1 Week Visit

DATE

PATIENT NAME	DOB	SEX	PARENT NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section

Birth Wt.: _____ Gestation: _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition

☐ Breast every _____ hours

☐ Formula ____ oz every _____ hours

With iron ☐ Y ☐ N

Type or brand

_____

☐ City water ☐ Well water

Elimination

☐ Normal ☐ Abnormal

Sleep

☐ Normal (2-4 hours) ☐ Abnormal

Additional area for comments on page 2

WIC

☐ Y ☐ N

Maternal Infant Health Program

☐ Y ☐ N

Screening and Procedures:

Neonatal Metabolic Screen in Chart

☐ Y ☐ N Test Date: _____

☐ Normal ☐ Pending ☐ Today

Hearing

☐ Responds to Sounds

☐ Neonatal ABR or OAE results in chart

Developmental Surveillance

☐ Social-Emotional ☐ Communicative

☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Screen if At Risk

☐ Vision -Parental observation/concerns

Immunizations:

HepB Given in Hospital?

☐ Y ☐ N ☐ Today

☐ Immunizations Reviewed

☐ Immunizations Given & Charted – *if not given, document rationale*

☐ MCIR checked/updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes Jaundice
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated

☐ Referrals

☐ WIC ☐ Early On® ☐ Transportation

☐ Maternal Infant Health Program (MIHP)

☐ Children Special Health Care Needs

☐ Other referral_____

☐ Other _____

Anticipatory Guidance/Health Education
(√ **if discussed)**

Safety

☐ Appropriate car seat placed in back seat
☐ Keep home and car smoke-free
☐ Keep hot liquids away from baby
☐ To protect baby, avoid crowded places
☐ Don't leave baby alone in tub or high places; always keep hand on baby
☐ Water temp. <120 degrees/test with wrist
☐ Never shake baby

Nutrition

☐ Hold baby when feeding/don't prop bottle
☐ Breast on demand or feed iron-fortified formula
☐ Breast milk or formula is only fluid/food infant needs
☐ Amount of diaper changes to expect

Infant Care

☐ Thermometer use; antipyretics
☐ Wash hands often
☐ Avoid direct sun/use children's sunscreen
☐ Emergency procedures

Infant Development

☐ Develop feeding/sleep routines
☐ Put baby to sleep on back/Safe Sleep
☐ Put baby to sleep in own crib
☐ Console, hold, cuddle, rock, play w/baby

Family Adjustment

☐ Take time for self and partner
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention
☐ Rest/sleep when baby sleeps

Parental Well Being

☐ Postpartum Check-up, Family Planning
☐ Baby blues, postpartum depression
☐ Accept help from partner, family & friends

Other Anticipatory Guidance Discussed:

_____

_____

_____

Next Well Check: 1 month of age

Developmental Surveillance on Page 2
Page 3 required for Foster Care Children

Provider Signature:

See Next Page

Page 2 - WELL CHILD EXAM-INFANCY: Newborn–1 Week Visit - Developmental Surveillance (This page may be used if not utilizing a Validated Developmental Screener)

DATE	PATIENT NAME	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	Please tell me any concerns about the way your baby is behaving or developing: _____
☐	☐	My baby looks at me and listens to my voice.
☐	☐	My baby calms down when picked up.
☐	☐	My baby is sleeping well.
☐	☐	My baby is eating well, sucking well.
☐	☐	My baby can hear sounds.
☐	☐	My baby looks at my face.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have more good days with my baby than bad days.
☐	☐	I have people who help me when I get frustrated with my baby.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Infant Development			Parent Development		
Infant responds to soothing	Yes	No	Looks at infant	Yes	No
Infant listens to voices	Yes	No	Picks up and soothes infant	Yes	No
Infant fixates on human face, follows with eyes	Yes	No	Listens to infant	Yes	No
Lifts head momentarily	Yes	No	Talks to infant	Yes	No
Moves arms, legs, and head	Yes	No	Touches infant	Yes	No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.
Updated 4/2011

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 - WELL CHILD EXAM-INFANCY: Newborn–1 Week Visit

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: Phone Number:		□ **Parent** □ **Foster Parent** □ **Relative Caregiver (specify** relationship)_____ □ **Caseworker**

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

□ **Yes Please attach completed physical form utilized at this visit**

□ **No If no, please state reason physical exam was not completed**_____

_____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date_____

Screener Used: □ PEDS □ PEDSDM □ Other tool:_____ Score: _____

Referral Needed: □ No □ Yes

Referral Made: □ No □ Yes Date of Referral:_____ Agency: _____

Current or Past Mental Health Services Received: □ No □ Yes (if yes please provide name of provider)

Name of Mental Health Provider:_____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Provider Signature: _____

Provider Name_____

Please print

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.
Updated 4/2011

Parent Handout Sheet

Your Baby's Health at 1 Week – 1 Month

Milestones

Ways your baby is developing between 1 week and 1 months of age.

- **Looks at your face when you hold him, follows you as you move and may begin to smile.**
- **Pays attention to your voice.**
- **Shows she hears sounds by startling, blinking, or crying.**
- **Moves arms and legs, tries to lift head when lying on tummy.**
- **Tells you what he needs by fussing or crying.**

For Help or More Information

Breast feeding, food and health information:

- **Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.**
- **The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding**
- **LA LECHE League – 1-877-452-5324, or visit the website at: www.lalecheleague.org**
- **Text4Baby for health and development information - http://www.text4baby.org/**

For families of children with special health care needs:
Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

Car seat safety:

- **Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/**
- **To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org**

Depression after delivery:
For information on depression after childbirth visit http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you're concerned about your child's development:
Contact Early On Michigan at 1-800-327-5966 or Project Find at http://www.projectfindmichigan.org/ or call 1-800-252-0052

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from air bag.

***NEVER* shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.**

Health Tips

Learn to know when your baby is hungry, so you can feed her before she cries. Your baby may get fussy or turn her head toward your body when you hold her.

Breast milk is the perfect food for babies for at least the first year. Try to breast-feed as long as possible.

If you are giving your baby a bottle, hold him in your arms during feedings. Your baby needs this special time with you.

Immunizations (Shots) protect your baby from many very serious diseases. Make sure your baby gets all of her shots on time.

To lower the chance of your baby dying from Sudden Infant Death Syndrome (SIDS), *ALWAYS* put your baby to sleep on his back in a crib or bassinet. There should be no soft bedding, blankets, pillows, bumper pads, sheepskins, or stuffed toys in the crib or bassinet.

If you or your baby's caregivers smoke, then STOP smoking. Ask visitors who smoke to go outside away from your baby. No one should smoke in the car or other areas when your baby or other children are present.

Keep your baby away from crowds and people who have colds and coughs. Make sure that people who hold or care for your baby wash their hands often.

Call your baby's doctor or nurse before your next visit if you have any questions or worries about your baby.

Parenting Tips

Help your baby learn by playing and talking with him.

Give your baby the gift of your attention. Take lots of time to hold her, look into her eyes, and talk softly.

Comfort your baby when he cries. Your baby fusses and cries to try to tell you what he wants. Holding will not spoil him.

Your baby needs "tummy time" to strengthen muscles. Place your baby on her tummy when she is awake

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:
1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.
Updated 4/2011