

WELL CHILD EXAM-INFANCY: 4 Months															
PATIENT NAME		DOB			SEX		PARENT/GUARDIAN NAME								
Allergies					Current Medications										
Prenatal/Family History															
			Perce	entile %	НС	Perce		ntile %	Temp.		Pulse	Resp.		BP (if risk)	
8 Birth History											Anticipatory Guidance/Health Education				
Birth Wt.: _	Ges	station:		□ Vaginal □ C-Section□ Complications □ Y □ N						($$ if discussed)					
Interval History: (Include injury/illness, visits to other health care				Patient Unclothed □ Y □ N						Safety ☐ Appropriate car seat placed in back seat					
providers, changes in family or home)			Review of Systems		<u>Exam</u>		<u>Systems</u>			☐ Use safety belt and don't drive under the influence of alcohol or drugs ☐ Keep home and car smoke-free					
			N	A	N	A	Gen	eral		☐ Keep nome ☐ Don't leave					
								App	earance		places; alwa ☐ Water temp.	n baby			
Δnnea □ V □	I N □ Monitor							Skin	/nodes		□ Don't use ba				
Nutrition								Head	d/fontanel		 □ Check home for sources of lead Nutrition □ Breastfeed or give iron-fortified formula □ Avoid foods that contribute to allergies 				
	ery hou oz every							Eyes	;						
With ire Type or bran	on □Y □N od	I						Ears			☐ Introduce so	months			
								Nose	è		☐ Wait one week or more to add new food Oral Health				
☐ City water ☐ Well water Solids ☐ Y ☐ N							Oron	harynx		☐ Discuss teething☐ Discuss good family oral health habits☐					
Elimination □ Normal □ Abnormal								ıs/palate		□ Don't share					
Sleep □ Normal (5-6 hours at night) □ Abnormal Additional area for comments on page 2 WIC □ Y □ N Maternal Infant Health Program □ Y □ N Screening and Procedures:				_		_	Neck	•		mouth to clean. Infant Development Consoling a fussy baby Put baby to sleep on back/Safe Sleep Learn baby's temperament Talk, sing, play music, and read to baby Establish daily and bedtime routines Family Adjustment Encourage partner to help care for infant Take time for self and spend time alone with your partner					
							Lunç								
							Hear	t/pulses							
							Abd	omen							
☐ Subjective Hearing -Parental observation/ concerns							Geni	talia							
☐ Subjective Vision -Parental observation/ concerns							Spin	е		□ Keep in con	, family				
Developmental Surveillance							Extr	emities/hips		□ Family Plan□ Choose response		babysit	ters		
☐ Social-Emotional ☐ Communicative ☐ Cognitive ☐ Physical Development				□ □ □ □ Neurological □ Discuss child car											
Psychosocial/Behavioral Assessment				☐ Abnormal Findings and Comments						_	Violence Prevention, Depression				
☐ Y ☐ N Screening for Abuse ☐ Y ☐ N					If yes, see additional note area on next page Results of visit discussed with parent □ Y □ N						□ Baby cannot be spoiled by holding, cuddling or rocking				
					·						Other Anticipat	ory Guid	lance Dis	cussed:	
Screen If At Risk ☐ Hct or Hgb				Plan ☐ History/Problem List/Meds Updated						1					
Immunizations: □ Immunizations Reviewed □ Immunizations Given & Charted – if not given, document rationale □ DTaP □ IPV □ HepB □ Hib □ PCV □ Rota □ MCIR checked/updated			□ Referrals						Ľ						
			 □ WIC □ Early On® □ Transportation □ Maternal Infant Health Program (MIHP) □ Children Special Health Care Needs □ Other referral □ Other 							Next Well Check: 6 months of age Developmental Surveillance on Page 2 Page 3 required for Foster Care Children Provider Signature:					
									-						
☐ Acetaminophen mg. q. 4 hours															

PAGE 1 Updated 4/2011 See Next Page

Page 2 - WELL CHILD EXAM-INFANCY: 4 Months – Developmental Surveillance (This page may be used if not utilizing a Validated Developmental Screener)

DATE		PATIENT NAME	PATIENT NAME							
		Questions and Observa								
	•	to respond to the follow	ing statem	ents abo	out the infant:					
Yes	No									
		Please tell me any concerns about the way your baby is behaving or developing								
		My baby cries when upset and seeks comfort.								
		My baby smiles and laughs.								
		My baby is seleping well.								
		My baby is eating and growing well.								
		My baby likes to look at and he with me								
		My baby likes to look at and be with me.								
		My baby reaches for objects and can hold them. My baby rolls or tries to roll over from tummy to back.								
		, ,								
Ц	☐ ☐ My baby lets me know what it wants and needs.									
	•	to respond to the follow	ing statem	ents:						
Yes	No	Lam and more often than Lam hanny								
		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. I am enjoying my baby more days than not.							
<u>Develo</u> Always	pmental ask parei	ow up as necessary Milestones Ints if they have concerns a velopmental instrument or			r behavior. (You may use the following	screening list, o	· a			
Stariuai	uizeu uev	Infant Development	301 ceriling t	.001).	Parent Develop	oment				
Holds head upright in prone position			Yes	No	Looks at infant and shares baby's si		No			
Laughs	Laughs responsively			No	The parent comforts baby effectively	y Yes	No			
Follows past midline			Yes	No	Parent and baby are interested in an respond to each other	d Yes	No			
No persistent fist clenching			Yes	No	Parent seems depressed, angry, tire overwhelmed, or uncomfortable	d, Yes	No			
Raises body on hands			Yes	No	Please note: Formal developmental examinations are recommended who surveillance suggests a delay or abnormality, especially when the oppor					
Seeks eye contact with parent			Yes	No	, especially when the (Bright Futures: Guid Adolescents)					
Additio	onal Note	es from pages 1 and 2:								
Staff Si	anature.				Provider Signature:					
01	J									

This HME 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 - FOSTER CARE WELL CHILD EXAM-INFANCY: 4 Months

DATE	CHILD'S NAME	DOB						
Name and phone number	of person who accompanied child to appointment:	□ Parent □ Foster Parent						
Name:		□ Relative Caregiver (specify relationship)						
Phone Number:		□ Caseworker						
Physical completed	d utilizing all Early and Periodic Screening, Diagnostic, and Treat	ment (EPSDT) requirements						
□ Yes Please at	tach completed physical form utilized at this visit							
□ No If no, plea	se state reason physical exam was not completed							
Always ask parents	cial/Emotional and Behavioral Health Screenings or guardian if they have concerns about development or behavior. (You ing tool as required by the Michigan Department of Community Health							
Validated Standardized Developmental Screening completed: Date								
Screener Used: ASQ ASQSE 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 H	lealth 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							
	Please print							

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PARENT HANDOUT SHEET

Your Baby's Health at 4 Months

Milestones

Ways your baby is developing between 4 and 6 months of age.

- Babbles using single consonants such as "dada" or "baba"
- Smiles, laughs, and squeals responsively
- Rolls over from front to back
- Shows interest in toys
- Tries to pass toys from one hand to the other
- May get upset when separated from familiar person(s)
- Sits with support
- Enjoys a daily routine

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 1-800-LALECHE (525-3243). 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

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

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http://www.cdc.gov/vaccines.

For help finding childcare:

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at: http://www.michigan.gov/michildcare

Domestic Violence hotline:

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

Safety Tips

Always keep one hand on your baby when he is on a bed, sofa, or changing table so he does not roll off.

Safety Tips

Never leave your baby alone in your home, car or community.

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

Keep the Poison Control Center phone number by your phone: 1-800-222-1222

Health Tips

Check-ups are a good time to ask the doctor or nurse questions about your baby. Make a list of questions before you go.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit. Babies can get shots even when they have a slight cold.

Your baby is still getting all the nutrition he needs from breast milk or formula. Try to keep breast-feeding until your baby is at least 12 months old. Talk to your doctor about when to start your baby on cereal or other solid foods. This usually happens when your baby is 5 or 6 months old.

Check how your baby sees and hears. Watch to see if her eyes follow moving objects. Watch to see if she turns toward a loud or sudden sound.

Keep putting your baby to sleep on his back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by himself in a crib or portable crib.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Sing, talk, read to and play with your baby every day. Look at your baby and repeat the sounds she makes.

Put your baby on his tummy to play on the floor. Put toys close to him so he can reach for them.

Try to make a daily routine for you and your baby.

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.

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