

## DATE \_\_\_\_\_

**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	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 cries when upset and seeks comfort.

☐      ☐      My baby smiles and laughs.

☐      ☐      My baby is sleeping well.

☐      ☐      My baby is eating and growing well.

☐      ☐      My baby can see and hear.

☐      ☐      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.

☐      ☐      My baby lets me know what it wants and needs.

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.

☐      ☐      I am enjoying my baby more days than not.

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		
Holds head upright in prone position	Yes	No	Looks at infant and shares baby's smiles	Yes	No
Laughs responsively	Yes	No	The parent comforts baby effectively	Yes	No
Follows past midline	Yes	No	Parent and baby are interested in and respond to each other	Yes	No
No persistent fist clenching	Yes	No	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable	Yes	No
Raises body on hands	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. ( <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i> )		
Seeks eye contact with parent	Yes	No			

**Additional Notes from pages 1 and 2:**

Staff Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

**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:  Name: _____  Phone Number: _____		<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) _____ <input type="checkbox"/> 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:** ☐ 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 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

## 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](http://www.4woman.gov/breastfeeding)
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: [www.lalecheleague.org](http://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](http://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.