

# Birth-1 Month

## Department of State Health Services Child Health Record Preventive Health Visit

### Family Profile and Health

No change in household since last visit  
**Child lives with:**  
 Mother  Father  Stepparent  Grandparent  
 Other  
Total adults living in home: \_\_\_\_\_  
Total children living in home: \_\_\_\_\_  
Primary caretaker for this child: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
**Family's concerns/problems:**

### Development

#### Parent's concerns:

Developmental Assessment:  P  F

#### Type of Developmental Screen:

Standardized Parent Questionnaire: \_\_\_\_\_

Standardized Observational Screen: \_\_\_\_\_

Other: \_\_\_\_\_

Further assessment needed:  Y  N

**Mental Health** (see "Key Elements" on reverse side):

### Child's Health

#### Allergies:

Does the system review note any problems or parent concerns:  Y  N

Explain:

Major illness, injury, hospitalization, surgery (state when and describe):

Medications taken regularly – Type/Reason:

### Physical Examination

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

FOC \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

(%) \_\_\_\_\_ (%) \_\_\_\_\_ (%) \_\_\_\_\_

#### N A NE

Appearance  
   Head/fontanels  
   Skin/nodes  
   Eyes (RR)  
   Ears  
   Nose  
   Mouth/throat  
   Teeth  
   Neck  
   Chest/breasts

**Additional documentation:**

#### N A NE

Heart/pulses  
   Lungs  
   Abdomen  
   Genitalia/anus  
   Spine/hips  
   Extremities  
**Neurologic:**  
   Muscle tone  
   DTRs  
   Primitive reflexes

### Client Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN/Record No.: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Informant/Relationship: \_\_\_\_\_

Medical Home: \_\_\_\_\_

### Nutrition

**Problems:** developmental, special diet, inappropriate weight gain/loss, chronic GI problems\*  Y  N

*\*If answered yes, further assessment needed.*

**Breast-fed:** Number of feedings in last 24 hours: \_\_\_\_\_

Length of feedings: \_\_\_\_\_ **WIC:**  Y  N

**Formula-fed:** Type: \_\_\_\_\_

Iron fortified:  Y  N

Ounces consumed in 24 hours: \_\_\_\_\_ Fluoride:  Y  N

**Solid foods introduced at age:**

### Sensory

**Vision Screen:**  Normal  Abnormal

**Hearing Screen:**  Normal  Abnormal

**Screen used:**  Hearing Checklist for Parents

### Health Education

#### Injury Prevention

Car safety restraints  
 Crib safety  
 Burns  
 Falls  
 Drowning/bath safety  
 911  
 Sleep position (SIDS)  
 Passive smoking

#### Behavior

Crying/colic  
 Sleeping  
 Infant temperature

### Assessment

#### Health Promotion

Care of skin, umbilical cord, circumcision  
 Family planning  
 Well-child care  
 When to call doctor

#### Nutrition

Breastfeeding  
 No solids until 4 months  
 Formula preparation  
 Infant held for bottle  
 No bottle in bed

### Plan

**WIC:**  Referred  Refused  N/A

**Immunizations:**  Up to date  To be given today  Deferred

**Explain:**

**Lab:**

Newborn Screening:  Up to date  To be done today

**Next appointment:**

Date: \_\_\_\_\_ Signature/Title: \_\_\_\_\_ Signature/Title: \_\_\_\_\_

**Birth-1 Month**

If used for documentation: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Key Elements**

**Systems Review**

Skin: Rashes, infections, jaundice, cyanosis

Ears: Hearing or ear problems

Eyes: Eye discharge, excessive tearing

Nose/Mouth/Throat: Nasal congestion

Cardio/respiratory: History of murmur, trouble with breathing, wheezing

Gastrointestinal: Bowel movement frequency, problems/concerns, vomiting

Genitourinary: (Male) Normal stream, circumcision, number of wet diapers

Neuromuscular: Seizures, sucking reflex, swallowing

Musculoskeletal: Range of motion

**Mental Health**

The mental health assessment of this age also includes the developmental assessment and information from the family profile.

Feelings: Anxious, cries excessively or too little, irritable

Behavior: Overactivity, listlessness

Social Interaction: Failure to respond socially

Thinking: Unattentive

Physical Problems: Low weight for age, weight loss, vomits, problem eating, lacks energy, sleeping problems

Other: Known history of neglect, physical, sexual or emotional abuse, prenatal substance abuse

**Development**

Can focus on object 8-15 inches  
in front of infant

Startles to loud noise

Equal movement of limbs

Moves head from side to side  
while lying on stomach

**Progress Notes**

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