

NAME:
DOB:
GENDER:      MALE      FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

**HISTORY**

See new patient history form

**INTERVAL HISTORY:**

NKDA                  Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues, including

Maternal Depression: Y    N

Findings:

**DEVELOPMENTAL SURVEILLANCE:**

- Gross motor development
- Communication skills/language development
- Social, emotional development
- Cognitive development
- Mental health

**NUTRITION\*:**

Breastmilk

Min per feeding: \_\_\_\_\_ Number of feedings in last 24 hrs: \_\_\_\_\_

Formula (type) \_\_\_\_\_

Oz per feeding: \_\_\_\_\_ Number of feedings in last 24 hrs: \_\_\_\_\_

Water source: \_\_\_\_\_ fluoride: Y    N

*\*See Bright Futures Nutrition Book if needed*

**IMMUNIZATIONS**

Up-to-date

Deferred - Reason:

Given today:                  Hep B

**LABORATORY**

Initial newborn screening

Completed at birth facility: Y    N

Deferred: \_\_\_\_\_

Tests ordered today:

**UNCLOTHED PHYSICAL EXAM**

See growth graph

Weight: \_\_\_\_\_ ( \_\_\_\_\_ %) Length: \_\_\_\_\_ ( \_\_\_\_\_ %)

Head Circumference: \_\_\_\_\_ ( \_\_\_\_\_ %)

Heart Rate: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

Temperature (optional): \_\_\_\_\_

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

- |               |              |                 |
|---------------|--------------|-----------------|
| Appearance    | Mouth/throat | Extremities     |
| Head/fontanel | Neck         | Back            |
| Skin          | Heart/pulses | Musculoskeletal |
| Eyes          | Lungs        | Hips            |
| Ears          | Abdomen      | Neurological    |
| Nose          | Genitalia    |                 |

Abnormal findings:

Additional:

Subjective Hearing Screening: P    F

Subjective Vision Screening: P    F

Newborn Hearing Screening:

ABR    OAE    Unknown

Completion date: \_\_\_ / \_\_\_ / \_\_\_ Results:

Critical Congenital Heart Disease: P    F

Completion date: \_\_\_ / \_\_\_ / \_\_\_ Results:

**HEALTH EDUCATION/ANTICIPATORY GUIDANCE (See back for useful topics)**

Selected health topics addressed in any of the following areas\*:

- Newborn Care
- Parental/Maternal Well-Being
- Newborn Transition
- Safety
- Nutritional Adequacy

*\*See Bright Futures for assistance*

**ASSESSMENT**

**PLAN/REFERRALS**

Referral(s):

Return to office:

Signature/title

Signature/title

Name:

Medicaid ID:

**Typical Developmentally Appropriate Health Education Topics**

**Discharge to 5 Day Checkup**

- Clean mouth with soft cloth twice a day
- No bottle in bed
- Skin, circumcision, umbilical care
- Stooling-color, frequency
- Talk to infant using simple words telling/reading stories
- No bed sharing
- Sleep in crib on back with no loose covers
- 6-8 wet diapers a day
- Adequate weight gain
- Hold to bottle feed, no bottle propping
- How to prepare formula
- Store breast milk in freezer
- Store prepared formula (for daily use only) in refrigerator
- Maintain consistent family routine
- Parents return to work/school
- Postpartum checkup
- Postpartum depression/family stress
- Crib safety with slats  $\leq 2\text{-}3/8\text{'}$
- Do not leave alone in bath water
- Home safety for fire/carbon monoxide poisoning
- Keep hand on infant when on bed or changing on table/couch
- No shaking baby (Shaken Baby Syndrome)
- No smoking
- Provide safe/quality day care
- Report domestic violence
- Thermometer use
- Use rear-facing car seat in back seat of car until 12 months and 20 pounds
- Water heater at  $<120^\circ$

**HEARING CHECKLIST FOR PARENTS (OPTIONAL)**

	Yes	No
<b>Ages Birth to 3 months</b>		<ul style="list-style-type: none"> <li>Gives a startle response to loud, sudden noises within 3 feet</li> <li>Calms to a familiar, friendly voice</li> <li>Wakes up when you speak or make noise nearby</li> <li>Coos and gurgles</li> <li>Laughs and uses voice when playing</li> <li>Watches your face when spoken to</li> </ul>

**EARLY CHILDHOOD INTERVENTION (ECI)**

**The ECI referral form is available at:**  
<http://txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf>