



4 MONTH OLD

DATE: _____

NAME: _____

DOB: _____

Medical History

Yes No Unknown

Has your child had any reactions to medications or immunizations?

Does your child take any medications (daily or as needed)?

Are there any major illnesses in the family? Which ones? _____

Does your child have the opportunity to regularly hear a language other than English?

Are there any major changes or stresses in the family (moves, deaths, separation, etc)?

Is your child in daycare?

Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

Nutrition

Yes No

Is your baby breastfed? If yes, how many times per day? _____ per night? _____

Is your baby taking any vitamins?

Does your baby take a bottle? Which brand of formula? _____

How many ounces per feeding? _____ how many feedings per day? _____ per night? _____

Have you introduced any other foods? (water, juice, baby foods, infant cereal, etc)

Preventive Health

Yes No

Does your baby always sleep on his/her back?

Does your child always ride in a car seat and in the backseat?

Are there smoke detectors and fire extinguishers in your home and are they checked yearly?

Does your child live with anyone who smokes?

Please **DO NOT** let your child have a bottle in bed!

Review of Systems (Does your child have any current problems with the following?)

Yes No

Eyes (crossing, not focusing, drainage, inflammation, etc.)

Swallowing or eating

Coughing, breathing, shortness or breath, wheezing or turning blue

Vomiting

Stooling (diarrhea, constipation, or blood in stools)

Urination (change in frequency, or blood in urine)

Extremities (feet, legs, arms, hands)

Do you feel there is any reason your child should not get immunizations today? Why?

Development (Please check the things that your child is currently doing)

Gross Motor	pushes up head and chest	good head control
Fine motor	look and follow with eyes (side to side)	grasp objects reaches for object
Social	smiles recognizes parents	good eye contact
Language	turns to noise vocalizes (coos)	laughs

Concerns

Yes No

Do you have any special concerns today? _____