

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 Post-partum Depression Screening (use of validated tool required): EPDS PPDS PHQ-9 Other P F
Findings:

DEVELOPMENTAL SURVEILLANCE:

- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- 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
Solids _____

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

Up to date Deferred
Reason (if deferred):

Given today: DTaP Hep B Hib IPV
PCV Hib-Hep B
DTaP-IPV-Hep B DTaP-IPV/Hib Rotavirus (RV)

LABORATORY

Newborn screening tests completed and results obtained: Y N
Tests ordered today:

Signature/title

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:

SENSORY SCREENING:

Subjective Hearing Screening: P F
Subjective Vision Screening: P F

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

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

- Parental/Maternal Well-Being
- Infant Behavior
- Infant-Family Interaction
- Nutrition
- Safety

**See Bright Futures for assistance*

ASSESSMENT

PLAN/REFERRALS

Referral(s):

Return to office:

Signature/title

Name: Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

2 Month Checkup

- Promote language using simple words
- Talk about pictures/story using simple words/sing
- Maintain consistent family routine
- Bottle-feeding every 3-4 hours
- Breastfeeding 8-12 feedings in 24 hours
- Hold to bottle-feed, no bottle propping
- No bottle in bed
- No microwave to heat milk
- Store breastmilk in freezer
- Store prepared formula (for daily use only) in refrigerator
- Clean mouth/teeth with soft cloth twice a day
- Postpartum checkup
- Postpartum depression/family stress
- Crib safety with slats $\leq 2\text{-}3/8"$
- 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 bed sharing
- No shaking baby (Shaken Baby Syndrome)
- Provide safe/quality day care, if needed
- Report domestic violence
- Return to work/school
- Sleep in crib on back with no loose covers
- 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
Ages Birth to 3 months	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

EARLY CHILDHOOD INTERVENTION (ECI)

The ECI Physician Referral and Orders for Early Childhood Intervention (ECI) form is available at:

<https://hhs.texas.gov/services/disability/early-childhood-intervention-services/eci-information-health-medical-professionals>