NAME:	MEDICAID ID:
DOB:	PRIMARY CARE GIVER:
GENDER: ☐MALE ☐FEMALE	PHONE:
DATE OF SERVICE:	INFORMANT:

4 MONTH CHECKUP CHILD HEALTH RECORD

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
☐Rotavirus ☐DTaP-IPV-Hep B ☐DTaP-IPV/Hib

LABORATORY

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/fontanels	☐Neck	☐Back
☐Skin	☐Heart/pulses	☐Musculoskeletal
☐Eyes	☐Lungs	☐Hips
☐Ears	☐Abdomen	☐Neurological
☐Nose	☐Genitalia	

Abnormal findings:

SENSORY SCREENING:
Subjective Vision Screening: P☐ F☐
Subjective Hearing Screening P☐ F☐

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

☐Selected health topics addressed in any of the following areas*:
- Family Interaction
- Oral Health
- Infant Development/Behavior
- Safety
- Nutrition

**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

4 Month Checkup

- Maintain consistent family routine
- Promote language using simple words
- Provide age-appropriate toys, remove small toys/pins/plastic pieces
- Read books and talk about pictures/story using simple words
- Hold to bottle-feed, no bottle propping
- Introduce cereal when ready
- 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
- Crib safety with slats ≤2-3/8”
- 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 shaking baby (Shaken Baby Syndrome)
- Provide safe/quality day care, if needed
- 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 <120º

HEARING CHECKLIST FOR PARENTS (OPTIONAL)

	Yes	No	
Ages 3 to 6 months	☐	☐	Looks to see where sounds come from
	☐	☐	Becomes frightened by an angry voice
	☐	☐	Smiles when spoken to
	☐	☐	Likes to play with toys or objects that make noise
	☐	☐	Babbles (uses a series of sounds)
	☐	☐	Makes at least 4 different sounds when using his or her voice
	☐	☐	Babbles to people when they speak

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