

Name:	DOB:	Actual Age:	
HealthWatch EPSDT 1 - 2 MONTHS			
INTAKE & VITAL SIGNS			
Height: Weight: H.C.:	Temp.: Heart Rate	e: Resp.:	
Allergies:	Growth Charts Completed:		
INTERVAL HISTORY	Breastfeed or Bottle	Has WIC: Yes / No	
Feedings:	Sleep position:	TB Risk Yes / No	
Illnesses:	Accidents:		
Stools:	Exposure to tobacco smoke:	*	
Vision: Hearing: Is mother getting enough sleep? Yes/ No  GROWTH-DEVELOPMENT			
Prone, lifts head 45°	[ ] Follows past midline		
Vocalizes (cooing)	[ ] Kicks		
Smiles responsively (social)	[ ] Grasps		
PARENTAL CONCERNS:	[ ] Grusps		
TARENTAL CONCERNS.			
PHYSICAL EXAMINATION (unclothed)			
Legend: v			
General Appearance [ ] Well nourished and develop		murs, regular rhythm	
[ ] No abuse/neglect evident		sounds normal bilaterally	
Head [ ] Symmetrical, A.F. open		masses, liver & spleen normal	
Eyes [ ] Conjunctivae, sclera, pupils		appearance, circ./uncirc.	
[ ] Red reflexes present		in scrotum	
[ ] Appears to see [ ] No str		ons, nl. external appearances	
Ears [ ] Canals clear, TMs normal		bduction, leg lengths equal and equal	
[ ] Appears to hear  Nose [ ] Passages patent		ormities, full ROM	
Mouth & pharynx [ ] Normal color, no lesions.		no significant lesions	
Neck [ ] Supple, no masses palpated		noves extremities well	
ASSESSMENT:			
ABOUGHILL T.			
PLAN:			
ORDERS: [ ] Vaccine reactions, risks and follow-up explained/VIS sheets			
[ ] DTaP [ ] HIB	[ ] HEP ]		
[ ] Nutritional assessment [ ] WIC r [ ] Rotavirus [ ] IPV	lerrai [ ] Immu [ ] Prevnar [ ] Other	inization registry entry	
ANTICIPATORY GUIDANCE: Circle if discussed  Diet: Breast vs. formula feeding, no milk or honey till 1 y/o, no bottle recumbent, feeding position, colic, WIC			
<b>Behavior:</b> Crying, thumb sucking, appropriate expectations			
Injury & Violence prevention: Rolling, playpen use, burns from hot liquids, lead poisoning prevention			
Guidance: Fever, acetaminophen dose, hot water temp., smoking at home, sleeping position			
Safety Precautions: Infant car seat, water safety, falls and window guards, nursery equipment, thermometer use, childcare plan,			
locked cleaning supplies, pool safety, locked gun.			
Infant care: (bathing, clothing, etc), emergency plan, no aspirin use, sibling & family relationships, sun screen.			
[ ] Refer to appropriate agency.		Data	
Next appointment [ ]2 months or Signature		Date	