WHITE'S
RESIDENTIAL & FAMILY SERVICES

Name:	DOB:	Actual Age:

HealthWatch EPSDT 3 - 4 MONTHS

INTAKE & VITAL SIGNS

Height: Weight: H.C.: Temp.: Heart Rate: Resp.:

Allergies: Growth Charts Completed: [ ]

INTERVAL HISTORY	Has WIC: Yes / No	TB Risk: Yes / No
Feedings:	Breastfeed or Bottle	Sleep Position:
Illnesses:		Vision:
Accidents:		Hearing:
Stools:		Exposure to tobacco smoke:

GROWTH-DEVELOPMENT

[ ] Head steady when sitting
[ ] Eyes follow 180°
[ ] Grasps rattle
[ ] Rolls side to side
[ ] Squeals or coos
[ ] Orients to voices
[ ] Brings hands together

PARENTAL CONCERNS:

PHYSICAL EXAMINATION (Unclothed)

Legend: ✓= Normal x = Abnormal

General Appearance	[ ]	Well nourished and developed	Heart	[ ]	No murmurs, regular rhythm
	[ ]	No abuse/neglect evident	Lungs	[ ]	Breath sounds normal bilaterally
Head	[ ]	Symmetrical, A.F. open _____ cm	Abdomen	[ ]	Soft, no masses, liver & spleen normal
Eyes	[ ]	Conjunctivae, sclerae, pupils normal	Genitalia: Male	[ ]	Normal appearance, circ./uncirc.
	[ ]	Red reflexes present		[ ]	Testes in scrotum
	[ ]	Appears to see [ ] No strabismus	Female	[ ]	No lesions, external appearances
Ears	[ ]	Canals clear, TMs normal	Hips	[ ]	Good abduction, leg length equal
	[ ]	Appears to hear	Femoral pulses	[ ]	Present and equal
Nose	[ ]	Passages patent	Extremities	[ ]	No deformities, full ROM
Mouth & pharynx	[ ]	Normal color, no lesions	Skin	[ ]	Clear, no significant lesions
Neck	[ ]	Supple, no masses palpated	Neurologic	[ ]	Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [ ] Vaccine reactions, risks and follow-up explained / VIS sheets

[ ] DTaP [ ] HIB [ ] HEP B [ ] Hgb (if indicated)
[ ] Nutritional assessment [ ] WIC Referral [ ] Immunization registry entry [ ]Other _____
[ ] Rotavirus [ ] IPV [ ] Prevnar

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Breast vs. formula feeding, solids, no milk or honey till 1 y/o

Behavior: Rolling, reaching for objects

Injury & Violence prevention: Rolling, playpen use, burns from hot liquids, lead, poisoning prevention, gun lock.

Guidance: Teething, no bottle recumbent, URI treatment, aspiration risk with small objects, language stimulation, no discipline yet

Safety Precautions: Infant car seat, water safety, falls, nursery equipment, smoke detector, choking prevention, sleeping position. Parental smoking, thermometer use, childcare plan, minor illness care, emergency care plan, locked cleaning supplies

Infant care: (bathing, skin, clothing), sibling & family relationships, sun screen.

[ ] Refer to appropriate agency.

Next appointment [ ]2 months or_____Signature _____Date_____