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HealthWatch EPSDT -Under 1 Month

INTAKE & VITAL SIGNS					
Height:	Weight:	H.C.:	Temp.:	Heart Rate:	Resp.:
Allergies:			Growth Charts Completed: []		

BIRTH HISTORY	INTERVAL HISTORY
Pregnancy complications:	Feedings: Breastfeed or Bottle Has WIC: Yes / No
Birth weight: lb. Oz. Apgar	Stools: TB Risk: Yes / No
Perinatal complications:	Cord:
Family hx of childhood hearing impairment:	Circumcision:
Vag/C-Section	Infant sleeping position:
Hep B given in hospital? Date:	Exposure to tobacco smoke:
Immunization Registry done at hospital? [] Yes [] No	Is mother getting enough sleep?

GROWTH-DEVELOPMENT	[] Turns head side to side
[] Prone, lifts head briefly	[] Blinks at bright light
[] Moro reflex	[] Responds to sound

PARENTAL CONCERNS:

PHYSICAL EXAMINATION (unclothed)

Legend: ✓ = Normal x = Abnormal

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

PLAN:

ORDERS: [] Hep B [] Other _____
 [] WIC Referral given [] Obtain newborn hospital records and newborn screen
 [] Other [] Newborn Metabolic Screen (if not previously done)

ANTICIPATORY GUIDANCE: Circle if discussed

Breast or formula, feeding frequency & adjustment amount	Safety with siblings and pets	Signs of Illness	Potential for abuse
Early dental decay	Drowning prevention	Temperature taking,	Postpartum depress.
Shaken baby syndrome	Car seat/auto safety	When to contact doctor	Family involvement
Injury prevention	Passive smoke	Emergency/911	Parent/infant attachment
	Babyproofing	Parenting practices	

Does mother have a post-partum visit between 4 to 8 weeks? ____ Yes ____ No ____ NA [] Refer to appropriate agency

Next appointment [] 1 months or _____ Signature _____ Date _____