## WELL CHILD VISIT

### History
- **Term or_________ weeks**
- **Birth weight ________**
- **Discharge weight ________**
- **Newborn hearing screening**
  - Normal
  - Pending results
  - Not performed
- **Newborn blood spot screen**
  - Normal
  - Pending results
  - Not performed
- **Abnormal__________**

### Physical Examination
- **Reviewed w/Findings**
- **OR**
- **NL = Reviewed/Normal**
- **GENERAL APPEARANCE__________**
- **BF**
  - SKIN(rashes, jaundice)
  - HEAD/FONTANELLE
  - EYES (red reflex/strabismus/appears to see)
  - EARS/HEAR
  - NOSE
  - MOUTH AND THROAT
  - NECK
  - LUNGS
- **BF**
  - HEART
  - FEMORAL PULSES
  - ABDOMEN (umbilical cord, vessels)
  - HERNA
  - GENITALIA
  - Male/Tests down
  - Female
  - CIRCUMCISION
- **BF**
  - NEUROLOGIC (tone, symmetry, state regulation)
  - EXTREMITIES
  - MUSCULOSKELETA (torticollis)
  - HIPS
  - NO DYSMORPHISMS
  - HYGIENE
  - BACK

### Social/Family History
- **Family situation**
  - Single Parent
  - Parent adjustment to new child
  - Maternal Depression
    - Yes
    - No
    - PHQ 9
      - Pass
      - Refer
    - Edinburgh
    - Reaction of siblings to new child
  
  - Work plans
  - Child care plans
  - Heat source
  - Tobacco Exposure

### Review of Systems
- **= NL**
- **Date of last visit**
- **Changes since last visit**

#### Nutrition
- **Breast milk** per feeding
  - Hours between feeding
  - Feeding per 24 hours
  - Problems with breastfeeding
  - Formula
    - Ounces per feeding
  - Source of water
    - Vitamins/Fluoride
  - Elimination:
    - Sleep:
    - Behavior:

#### Development
- **(if not reviewed in Previsit Questionnaire)**
  - SOCIAL-EMOTIONAL
    - Eats well
  - PHYSICAL DEVELOPMENT
    - Turns and calms to your voice
    - Can suck, swallow, and breathe easily
    - COGNITIVE
    - Follows your face

(see other side for plan, immunizations and follow-up)
# WELL CHILD VISIT

<table>
<thead>
<tr>
<th>NAME</th>
<th>Male</th>
<th>Medical Record Number</th>
<th>Female</th>
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<tr>
<th>DOB</th>
<th>Actual age (weeks): 0 1 2 3 4</th>
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**Current Medications**

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**Plan**

- **BF: Patient is up to date, based on CDC/ACIP immunization schedule.**
  - If no, immunizations given today.
  - ImmPact2 record reflects current immunization status:
    - Yes
    - No

- **MaineCare Member Support Requested**
  - Transportation to appointments
  - Find dentist
  - Find other provider
  - Make doctor’s appointment
  - Public Health Nurse referral
  - Family aware

- **BF: Laboratory/Screening results**

- **BF: Referral to**

- **BF: Follow-up/Next Visit**

- **Hearing screen**
  - Yes
  - No

**Narrative Notes:**

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**Examining Signature**

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<th>EXAMINER’S SIGNATURE</th>
<th>DATE</th>
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