

First Weeks

WELL CHILD VISIT

Revised August 2020

Name _____		BIRTH DATE _____	AGE _____	ACCOMPANIED BY/INFORMANT _____	PREFERRED LANGUAGE _____
		<input type="checkbox"/> M <input type="checkbox"/> F			
ID NUMBER _____	CURRENT MEDICATIONS See other side for current medication list		DRUG ALLERGIES _____		
WEIGHT (%) _____	LENGTH (%) _____	WEIGHT FOR LENGTH (%) _____	HEAD CIRC (%) _____	TEMPERATURE _____	DATE/TIME _____

See growth chart.

BF = Bright Futures Priority Item

History

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<input type="checkbox"/> Term or _____ weeks Birth weight _____ Discharge weight _____ Newborn hearing screening <input type="checkbox"/> Normal <input type="checkbox"/> Pending results <input type="checkbox"/> Not performed <input type="checkbox"/> Abnormal _____ Newborn blood spot screen <input type="checkbox"/> Normal <input type="checkbox"/> Pending results <input type="checkbox"/> Not performed <input type="checkbox"/> Abnormal _____	Blood type: Maternal _____ Infant _____ Direct Coombs _____ Bilirubin screening <input type="checkbox"/> None Transcutaneous bilirubin _____ Serum bilirubin _____ Hep B (maternal): <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk Hep B vaccine _____ / _____ / _____ Comments _____
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Home birth Previsit Questionnaire reviewed

BF Concerns/questions raised by _____ None Addressed (see other side)

BF Follow-up on previous concerns _____ None Addressed (see other side)

BF Medication Record reviewed and updated

Social/Family History

Family situation Single Parent

BF Parent adjustment to new child _____

BF Maternal Depression Yes No _____

PHQ 9 Pass Refer

PHQ 2 Pass Refer

Edinburgh Pass Refer

BF Reaction of siblings to new child _____

BF Work plans _____

BF Child care plans _____

Heat source _____

BF Tobacco Exposure

Review of Systems

= NL

Date of last visit _____

Changes since last visit _____

Nutrition: Breast milk Minutes per feeding _____
 Hours between feeding _____ Feedings per 24 hours _____
 Problems with breastfeeding _____

Formula Ounces per feeding _____

Source of water/Vitamins/Fluoride _____ Elimination: NL _____

Sleep: NL _____

Behavior: NL _____

Development (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> SOCIAL-EMOTIONAL *Eats well	<input type="checkbox"/> COMMUNICATIVE *Turns and calms to your voice
<input type="checkbox"/> PHYSICAL DEVELOPMENT *Can suck, swallow, and breathe easily	<input type="checkbox"/> COGNITIVE *Follows your face

(see other side for plan, immunizations and follow-up)

Physical Examination

= Reviewed w/Findings **OR** NL = Reviewed/Normal

GENERAL APPEARANCE _____ NL

BF SKIN (rashes, jaundice) _____ NL

BF HEAD/FONTANELLE _____ NL

BF EYES (red reflex/strabismus/appears to see) _____ NL

EARS/APPEARS TO HEAR _____ NL

NOSE _____ NL

MOUTH AND THROAT _____ NL

NECK _____ NL

LUNGS _____ NL

BF HEART _____ NL

BF FEMORAL PULSES _____ NL

BF ABDOMEN (umbilical cord, vessels) _____ NL

HERNIA _____ NL

GENITALIA _____ NL

Male/Testes down _____ NL

Female _____ NL

CIRCUMCISION _____ NL

BF NEUROLOGIC (tone, symmetry, state regulation) _____ NL

EXTREMITIES _____ NL

BF MUSCULOSKELETA (torticollis) _____ NL

BF HIPS _____ NL

NO DYSMORPHISMS _____ NL

HYGIENE _____ NL

BACK _____ NL

BF Comments _____

Assessment

BF Well Child

Anticipatory Guidance

= Discussed and/or handout given

Identified at least one child and parent strength

Raising Readers book given

<input type="checkbox"/> NEWBORN TRANSITION	<input type="checkbox"/> NUTRITIONAL ADEQUACY	<input type="checkbox"/> SAFETY
<ul style="list-style-type: none"> Back to sleep Daily routines Calming techniques 	<ul style="list-style-type: none"> Breastfeeding (vitamin D supplement) Iron-fortified formula (if not breastfed) No solid foods No honey; no Karo syrup 	<ul style="list-style-type: none"> Car safety seat (infant rear facing) Smoke-free environment No shaking Burns Water heater Smoke detectors Crib safety Sun safety
<input type="checkbox"/> NEWBORN CARE	<input type="checkbox"/> PARENTAL WELL-BEING	
<ul style="list-style-type: none"> Emergency preparedness plan Frequent hand washing Avoid direct sun exposure Expect 6-8 wet diapers/day 	<ul style="list-style-type: none"> Baby blues Accept help Sleeps when baby sleeps Unwanted advice 	

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