



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

3, 4 MONTHS

NURSING INTAKE					
Height:	Weight:	H.C.:	Temp.:	Heart Rate:	Resp.:
Allergies:			Growth Charts Completed: []		
Abuse:			Notes:		
Alternate health care provider:			MA Signature		

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

PARENTAL CONCERNS:

PHYSICAL EXAMINATION		Teeth []	Grossly normal
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, nl. 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	
[] 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 phone number, 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), family spacing, sibling & family relationships, sun screen.

[] Refer to appropriate agency.

Next appointment [] 2 months or _____ Signature _____ Date _____