SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 6 - 8 WEEKS

Name: _____ DOB: _____
Date of Visit _____ Age _____
Parental Language Barrier: ☐ N ☐ Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS
☐ No Concerns
_____
_____
_____

PAST MEDICAL HISTORY
Allergies _____
Other _____
_____
_____

PRESENT HISTORY
Medications: _____
Feeding: ☐ Breast ☐ Bottle _____ formula
Spitting/Gas _____
Bowel movements _____
Sleep _____

DEVELOPMENT
Smiles _____ Responds to sounds _____
See / tracks _____ Head up prone _____
Excessive crying / Colic _____

SOCIAL/FAMILY
Parents/Caregiver Smoker ☐ Yes ☐ No _____
Family / Stresses _____
_____
Sibling Rivalry _____
_____
Return to work plans _____
Child Care / Family Support _____
_____
Other _____
_____
_____

Information completed by: _____
Relationship to child: _____

PHYSICAL EXAMINATION
Length _____ % _____ Weight _____ % _____
HC _____ % _____ Temp _____ Pulse _____ RR _____ Pain _____

N	AB		COMMENTS
☐	☐	Gen. Appearance	
☐	☐	Skin	
☐	☐	Head/Fontanel	
☐	☐	Eyes/RR/Strabismus	
☐	☐	Ears/Nose/Oropharynx	
☐	☐	Neck/Nodes	
☐	☐	Chest/Lungs	
☐	☐	Cardiovascular/Pulses	
☐	☐	Abdomen/Cord	
☐	☐	Genitalia	
☐	☐	Musculoskeletal/Hips	
☐	☐	Neuro/Reflexes /Tone	
☐	☐	Hearing	
☐	☐	Vision	

ANTICIPATORY GUIDANCE

Diet
- ☐ Breast/formula
- ☐ Maternal diet/Vitamins
- ☐ Use of Vitamins/iron
- ☐ Stool pattern changes
- ☐ No Solids/juice
- ☐ No bottle propping

Development
- ☐ Laugh/responsive smile
- ☐ Talking to baby/music
- ☐ Appropriate toys

Injury Prevention
- ☐ Car Seat
- ☐ Crib
- ☐ Bathing/Water temp
- ☐ Smoke Detectors
- ☐ Fall prevention
- ☐ Hot liquids/burns
- ☐ Rolling over/don't leave unattended

Medical Education
- ☐ Sleep position
- ☐ Review immunizations
- ☐ Treatment of fever
- ☐ Acetaminophen
- ☐ Telephone calls

IMMUNIZATIONS: ☐ DTaP ☐ IPV ☐ HIB ☐ Prevnar ☐ Hep B
☐ Rotateq ☐ Other _____
☐ Vaccine Information Sheet given & discussed
Vaccine concerns? ☐ No ☐ Yes : Resolved Deferred Refused
Comments _____
If vaccines refused, form signed? ☐ No ☐ Yes

ASSESSMENT/RECOMMENDATIONS:
☐ Healthy infant _____
_____
_____
☐ Return for 4 month checkup

_____, M.D.

SICK VISIT – Mod 25
CC:

HPI:

MDM:

>50% of _____ min visit spent counseling