UW Medicine
UW NEIGHBORHOOD CLINICS

# Four Month Old Well Child Visit

Baby's Name _____ Baby's Age _____ Date _____

Person completing the form _____ Relationship to the patient _____

Has your child had any illnesses, hospitalizations, or surgeries since last visit here? (YES) (NO)

| **Review of Nutrition:** | Yes | No |
|---|---|---|
| Is your baby feeding well? | ( ) | ( ) |
| Is your baby breast fed? If yes, how often? | ( ) | ( ) |
| Are you giving vitamins? | ( ) | ( ) |
| Is your baby formula fed? | ( ) | ( ) |
| If yes, what formula? | | |
| If yes, how many ounces per feeding? | | |
| If yes, how often? | | |
| Are you offering anything else to your baby to eat or drink? | ( ) | ( ) |

| **Family and Social History:** | Yes | No |
|---|---|---|
| Are there any major illnesses in the family that we are not already aware of? | ( ) | ( ) |
| Are there any major stressors in the family? (Illnesses, moves, death, separation? | ( ) | ( ) |

| **Preventative Health/Risk Factors:** | Yes | No |
|---|---|---|
| Does your baby sleep only on his/her back, in his/her own crib? | ( ) | ( ) |
| Does your child always ride in a car seat, in the back seat, facing backwards? | ( ) | ( ) |
| Do you, anyone who cares for your child, or anyone in the home smoke? | ( ) | ( ) |
| Is your home free of infant walkers and small toys that are choking hazards? | ( ) | ( ) |
| Is your water heater set to less than 120 degrees? | ( ) | ( ) |

| **Behavioral/Mental Health:** | | |
|---|---|---|
| Does your child have a regular sleep routine? | ( ) | ( ) |
| Do you have any concerns about how your child is learning, developing, and behaving? | ( ) | ( ) |
| Are you interested in enrolling your child in daycare? | ( ) | ( ) |
| If yes, do you need assistance finding a daycare? | ( ) | ( ) |

| **Developmental Surveillance:** | Yes | No |
|---|---|---|
| **Physical Development** | | ( ) |
| Pulls to sit with no head lag? | ( ) | ( ) |
| Bears weight on legs? | ( ) | ( ) |
| Pushes chest up to elbows? | ( ) | ( ) |
| Good head control? | ( ) | ( ) |
| Moves both sides equally? | ( ) | ( ) |
| Begins to roll and reach for objects? | ( ) | ( ) |

| **Cognitive:** | | |
|---|---|---|

| | | |
|---|---|---|
| Likes to cuddle? | ( ) | ( ) |
| Lets you know when happy or not? | ( ) | ( ) |

| **Communicative:** | | |
|---|---|---|
| Babbles? | ( ) | ( ) |

| **Social/Emotional** | | |
|---|---|---|
| Smiles to get your attention? | ( ) | ( ) |
| Wants you to play? | ( ) | ( ) |
| Can calm down on own? | ( ) | ( ) |