# 2 to 4 Month Child Health Check-Up Tracking Form

PLEASE PRINT

☐ Periodic ☐ Interperiodic ☐ Parent/Caregiver Request

## PERSONAL

| NAME (Last) (First) | ID | DATE OF BIRTH |
|---|---|---|
| | | |

| DATE | AGE | ACCOMPANIED BY | RELATIONSHIP |
|---|---|---|---|
| | | | |

## INTERVAL HISTORY

PAST MEDICAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
DEVELOPMENTAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
BEHAVIORAL HEALTH STATUS WNL ☐ YES ☐ NO (IF NO, DESCRIBE)

## NUTRITIONAL ASSESSMENT

| ☐ BREAST | ☐ FORMULA: | WIC ☐ YES ☐ NO ☐ REFERRED | ☐ VITAMINS ☐ IRON ☐ SOLIDS |
|---|---|---|---|

## PHYSICAL EXAM

| HEIGHT | WEIGHT | HEAD CIRCUMFERENCE |
|---|---|---|
| | | |

| Are the following normal? | YES | NO | COMMENTS |
|---|---|---|---|
| Appearance | | | |
| Skin | | | |
| Head | | | |
| Eyes | | | |
| Ears | | | |
| Nose | | | |
| Mouth/Throat/Teeth/Gums | | | |
| Nodes | | | |
| Heart | | | |
| Lungs | | | |
| Abdomen | | | |
| Fem. Pulse | | | |
| Ext. Gen. | | | |
| Hip Abduc. | | | |
| Extremities | | | |
| Spine | | | |
| Neuro | | | |
| Other | | | |

## LAB TESTS

## SENSORY SCREEN

NORMAL VISION? (red reflex, follows) ☐ YES ☐ NO ☐ REFERRED

NORMAL HEARING? (i.e., smiles and/or turns toward speech or sound, coos) ☐ YES ☐ NO ☐ REFERRED

## DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (prone – lifts chest, hands at midline, smiles spontaneously, rolls over one way, grasps rattle)

☐ YES ☐ NO ☐ REFERRED

## IMMUNIZATIONS

☐ CURRENT ☐ DEFERRED ☐ PROVIDED: LIST

## HEALTH EDUCATION, ANTICIPATORY GUIDANCE

☐ SOLID FOODS ☐ CHOKING, ASPIRATION ☐ FALLS
☐ TEETHING ☐ BABY-PROOF HOME ☐ "BACK TO SLEEP"

**DIAGNOSIS:**

**PLAN:**

**SIGNATURE:**