

NAME:
DOB:
GENDER:     MALE     FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

### HISTORY

See new patient history form

#### INTERVAL HISTORY:

NKDA                      Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues, including

Maternal Depression:    Y    N

Findings:

#### DEVELOPMENTAL SURVEILLANCE

- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

#### NUTRITION\*:

Breastmilk

Min per feeding: \_\_\_\_\_ Number of feedings in last 24 hrs: \_\_\_\_\_

Formula (type) \_\_\_\_\_

Oz per feeding: \_\_\_\_\_ Number of feedings in last 24 hrs: \_\_\_\_\_

Water source: \_\_\_\_\_ fluoride:    Y    N

*\*See Bright Futures Nutrition Book if needed*

### IMMUNIZATIONS

Up-to-date

Deferred - Reason:

Given today:            Hep B

### LABORATORY

Newborn screening panel ordered today

Deferred - Reason:

Tests ordered today:

### UNCLOTHED PHYSICAL EXAM

See growth graph

Weight: \_\_\_\_\_ ( \_\_\_\_\_ %)    Length: \_\_\_\_\_ ( \_\_\_\_\_ %)

Head Circumference: \_\_\_\_\_ ( \_\_\_\_\_ %)

Heart Rate: \_\_\_\_\_    Respiratory Rate: \_\_\_\_\_

Temperature (optional): \_\_\_\_\_

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

- |               |              |                 |
|---------------|--------------|-----------------|
| Appearance    | Mouth/throat | Extremities     |
| Head/fontanel | Neck         | Back            |
| Skin          | Heart/pulses | Musculoskeletal |
| Eyes          | Lungs        | Hips            |
| Ears          | Abdomen      | Neurological    |
| Nose          | Genitalia    |                 |

Abnormal findings:

Additional:

Subjective Hearing Screening:    P    F

Subjective Vision Screening:    P    F

Newborn Hearing Screening:

ABR    OAE    Unknown

Completion date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Results:

### HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

Selected health topics addressed in any of the following areas\*:

- Infant/Family Adjustment
- Parental/Maternal Well-Being
- Safety
- Nutrition/Feeding Routines

*\*See Bright Futures for assistance*

### ASSESSMENT

### PLAN/REFERRALS

Referral(s):

Return to office: \_\_\_\_\_

Signature/title

Signature/title

