

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 motor development
- Communication skills/language development
- 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

Initial newborn screening

Completed at birth facility: Y    N

Deferred: \_\_\_\_\_

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:

Critical Congenital Heart Disease: P    F

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

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

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

- Newborn Care
- Parental/Maternal Well-Being
- Newborn Transition
- Safety
- Nutritional Adequacy

*\*See Bright Futures for assistance*

### ASSESSMENT

### PLAN/REFERRALS

Referral(s):

Return to office:

Signature/title

Signature/title

