

**PEDIATRIC CONTINUITY CLINIC
 AMBULATORY CARE CENTER
 MEDICAL COLLEGE OF GEORGIA
 AUGUSTA, GEORGIA**

DATE: _____

4 MONTH CHECK-UP

Name and Number: _____

Weight: _____ %: _____

2 Month weight: _____

Height: _____ %: _____

2 Month height: _____

Head cir: _____ %: _____

2 Month head circum: _____

Pertinent Medical Interval History (Illnesses, medications, etc.):

Eating: If bottle, what formula; how much in 24 hrs: _____

If breast, how long/feed; how many feeds/24 hrs: _____

Have parents started solid foods yet: Y_____ N_____

Parents give no more than 3-4 oz juice a day Y_____ N_____

Sleeping: How long between feeds: _____

Restful sleep > 7 hours at night: Y_____ N_____

Where does child sleep? _____

Development: Rolls over both ways: Y_____ N_____

Cries when parent walks out of room: Y_____ N_____

Reaches and grasps toys: Y_____ N_____

Smiles when approached: Y_____ N_____

GENERAL PHYSICAL EXAMINATION- STAR IF YES AND DESCRIBE BELOW

Pain Scale _____; Pain Score _____; Location: _____; MD Notified: _____; Initials: _____

	Normal			Normal	
	Y	N		Y	N
General Appearance	_____	_____	Ribs	_____	_____
Alertness	_____	_____	Heart	_____	_____
Hearing	_____	_____	Abdomen	_____	_____
Head Control	_____	_____	Genitalia	_____	_____
HEENT	_____	_____	Hips: thigh folds	_____	_____
Red Reflex	_____	_____	Ortolani	_____	_____
Neck	_____	_____	Barlows	_____	_____
Lungs	_____	_____	Neurological	_____	_____

OTHER PERTINENT PHYSICAL FINDINGS:

**ANTICIPATORY GUIDANCE - 4 MONTH CHECK-UP:
ASK QUESTIONS AT LEAST ONCE BETWEEN 2 WEEKS AND 6 MONTHS OF AGE**

	YES	NO
Smoking in the house	_____	_____
Guns in the home – if so, are they locked up	_____	_____
At risk for Lead Poisoning		
Home built before 1960	_____	_____
Renovated within that time	_____	_____
Family member inc. lead exposure	_____	_____
Family member elevated lead	_____	_____
Did the child travel to the office in a car seat	_____	_____
Medications, plants in house	_____	_____
Is the child in day care	_____	_____
Do parents plan to get a walker	_____	_____

Remind parents always be careful to **NOT:**

- Leave the child on high places such as the changing table, bed, or sofa
- Put anything near the baby's reach that the baby might choke on
- Hold the baby while drinking or holding something hot
- Lay the baby down with the bottle: this can cause carious teeth and otitis

Encourage parents to:

- Hold, cuddle, talk and sing to their child
- Establish a bedtime routine to discourage night awakenings
- Place the baby awake in the bed

Developmental Milestones to Expect by 6 months of age:

- Rolls both ways and transfers objects
- Smiles, laughs and vocalizes
- Sleeps 10-11 continuous hours at night
- Sits unassisted for brief time period

IMPRESSIONS: 1 _____
2 _____

MEDICATIONS: 1 _____ 2 _____

IMMUNIZATIONS: 1 _____ 2 _____ **Hep #2 (1mo - 4 mo)**
3 _____ 4. _____ **DTaP #2; HIB #2**
IPV # 2
Pevnar #2

RETURN TO CLINIC: 6 months of age

Continuity Clinic Resident _____

Attending Note: _____

Signature of Attending: _____