## WELL CHILD ASSESSMENT 3 TO 4 MONTHS

### INTERVAL HISTORY
- **Diet:**
  - Illness:
- **Problems:**
- **Immunization Reaction:**
  - **Parental Concerns:**

### PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>N</th>
<th>AB</th>
<th>ABNORMALITIES/COMMENTS</th>
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<tbody>
<tr>
<td>Nutrition</td>
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<td>Skin</td>
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<td>Head, Neck &amp; Nodes</td>
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<td>Eyes/ Eq Reflex</td>
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<td>ENT/Hearing</td>
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<td>Mouth/Dental</td>
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<td>Chest/Lungs</td>
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<td>Heart</td>
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<td>Abdomen</td>
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<td>Ext. Genitalia</td>
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<td>Back</td>
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<td>Extremities/Hzips</td>
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<td>Neurological</td>
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<td>Fem. Pulses</td>
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### DEVELOPMENT
- Normal: [ ]
- Abnormal: [ ]
- Prone Lifts Head 90°
- Head Steady Sitting
- Laughs/Squeals
- Grasps Rattle
- Follows to 180°
- Rolls Over One Way

### EDUCATION
- Nutrition: Breast/Formula, Solids, Vitamins with Iron
- Tobacco: Second-Hand Smoke
- Safety: No shaking, Bath Safety, Smoke Detector, Burns
- Parenting: Spoiling, Sleep Patterns, Fever Control
- Dental: Fluoride/Cleaning Gums, Avoid Sweets,
- Orthodontic Pacifier, No bottle in Crib
- Growing Up Healthy Brochure given

### TB RISK ASSESSMENT
- No Risk
- Risk

### ASSESSMENT

### PLAN
- [ ] Hepatitis B #2
- [ ] DtaP #2
- [ ] Hib #2
- [ ] IPV #2
- [ ] Pevnara #1

### TOBACCO ASSESSMENT
1. Patient is exposed to Passive (second-hand) Tobacco Smoke.
   - Yes
   - No
2. Tobacco Used by Patient.
   - Yes
   - No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation.
   - Yes
   - No

### Next Visit:

### Patient Name/ID Number:

### Exam Date:

### Provider Signature: