

# 2 MONTH OLD



NAME \_\_\_\_\_  
DATE \_\_\_\_\_

[www.pedsnw.net](http://www.pedsnw.net)

## MEDICAL HISTORY

Has your child had any reactions to medications or immunizations?  
Does your child take any medications (daily or as needed)?  
Are there any major illnesses in the family? Which ones? \_\_\_\_\_  
Are there any major changes or stresses in the family (moves, deaths, separation, etc)?  
Does the child's main caretaker plan to return to work or school? If yes, when? \_\_\_\_\_  
Is your child in day care?  
Has your child ever been diagnosed with an immunodeficiency?  
Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

## NUTRITION

Is your baby breastfed?  
Is your baby taking any vitamins?  
Does your baby take a bottle?  
Are you offering anything else to your baby? (water, juice, baby foods, infant cereal, etc)

## PREVENTIVE HEALTH

Does your baby always sleep on his/her back?  
Does your child always ride in a car seat and in the backseat?  
Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?  
..... Have those alarms been checked in the past 12 months?  
Does your child live with anyone who smokes?

Please **DO NOT** let your child have a bottle in bed!

## REVIEW OF SYSTEMS (Does your child have any current problems with the following?)

eyes (crossing, not focusing, drainage, inflammation, etc)  
swallowing or eating  
coughing, breathing, shortness of breath, wheezing, or turning blue  
vomiting  
stooling (diarrhea, constipation, or blood in the stools)  
urination (change in frequency, or blood in the urine)  
extremities (feet, legs, arms, hands)

## DEVELOPMENT (please check the things that your child is currently doing)

|             |                           |   |
|-------------|---------------------------|---|
| Gross motor | lifts head                | lifts chest                                 |
| Fine motor  | responds to seeing a face | look and follow with eyes from side to side |
| Social      | responds to parents voice | smiles                                      |
| Language    | startles to sound         | turns to noise vocalizes (coos)             |

## CONCERNS

Do you have any special concerns today?