4 MONTH OLD

NAME _____
DATE _____

pediatrics NORTHWEST PS Mary Bridge Children's

www.pedsnw.net

MEDICAL HISTORY

Select	Has your child had any reactions to medications or immunizations?
Select	Does your child take any medications (daily or as needed)?
Select	Are there any major illnesses in the family? Which ones? _____
Select	Does your child have the opportunity to regularly hear a language other than English?
Select	Are there any major changes or stresses in the family (moves, deaths, separation, etc)?
Select	Is your child in day care?
Select	Has your child ever been diagnosed with an immunodeficiency?
Select	Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

NUTRITION

Select	Is your baby breastfed?
Select	Is your baby taking any vitamins?
Select	Does your baby take a bottle?
Select	Have you introduced any other foods? (water, juice, baby foods, infant cereal, etc)

PREVENTIVE HEALTH

Select	Does your child always sleep on his/her back?
Select	Does your child always ride in a car seat and in the backseat?
Select	Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?
Select	Have those alarms been checked in the past 12 months?
Select	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?)*

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

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

Gross motor	☐ pushes up head and chest ☐ good head control
Fine motor	☐ look and follow with eyes from side to side ☐ grasps object ☐ reaches for object
Social	☐ smiles ☐ recognizes parents ☐ good eye contact
Language	☐ turns to noise ☐ vocalizes (coos) ☐ laughs

CONCERNS

Select	Do you have any special concerns today?

Thanks for filling out this form.