INSTITUTE for Health Care Studies

Reference Code Sheets for Accurate Billing

WELL CHILD EXAM-INFANCY: 2 Months

DATE

PATIENT NAME	DOB	SEX	PARENT NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%		%				

Birth History ☐ Vaginal ☐ C-Section

Birth Wt.: _____ Gestation: _____ Complications ☐ Y ☐ N

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

_____

_____

_____

Apnea ☐ Y ☐ N ☐ Monitor

Nutrition

☐ Breast every _____ hours

☐ Formula ____ oz every _____ hours

With iron ☐ Y ☐ N

Type or brand

_____

☐ City water ☐ Well water

Elimination

☐ Normal ☐ Abnormal

Sleep

☐ Normal (2-4 hours) ☐ Abnormal

Additional area for comments on page 2

WIC

☐ Y ☐ N

Maternal Infant Health Program

☐ Y ☐ N

Screening and Procedures:

Neonatal Metabolic Screen in Chart

☐ Y ☐ N Test Date: _____

☐ Normal ☐ Pending ☐ Today

☐ Subjective Hearing -Parental observation/ concerns

☐ Subjective Vision -Parental observation/ concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative

☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Immunizations:

☐ Immunizations Reviewed

☐ Immunizations Given & Charted – *if not given, document rationale*

☐ DTaP ☐ IPV ☐ HepB ☐ Hib ☐ PCV

☐Rota ☐ MCIR checked/updated

☐ Acetaminophen ____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems		Physical Exam		Systems
N	A	N	A	
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments

If yes, see additional note area on next page

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated

☐ Referrals

☐ WIC ☐ Early On® ☐ Transportation

☐ Maternal Infant Health Program (MIHP)

☐ Children Special Health Care Needs

☐ Other referral_____

☐ Other _____

Anticipatory Guidance/Health Education
(√ if discussed)

Safety

☐ Appropriate car seat placed in back seat

☐ Keep home and car smoke-free

☐ Keep hot liquids away from baby

☐ Don't leave baby alone in tub or high places; always keep hand on baby

☐ Water temp. <120 degrees/test with wrist

☐ Never shake baby

Nutrition

☐ Hold baby when feeding

☐ Breast on demand or feed iron-fortified formula

☐ Delay solid foods until 4-6 months

Infant Development

☐ Put baby to sleep on back/Safe Sleep

☐ Learn baby's temperament/responses

☐ Console, hold, cuddle, rock, play with baby

☐ Talk, sing, play music, and read to baby

☐ Tummy time while awake

☐ Consistent feeding/sleep routines

☐ Strategies to deal with fussy periods

Family Adjustment

☐ Encourage partner and other children (as appropriate) to help care for infant

☐ Keep in contact with friends, family

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention

☐ Discuss child care, returning to work, play group

Parental Well Being

☐ Family Planning

☐ Take time for self and spend time alone with your partner

Other Anticipatory Guidance Discussed:

_____

_____

Next Well Check: 4 months of age

Developmental Questions and Observations on Page 2

Provider Signature:

See Next Page

WELL CHILD EXAM-INFANCY: 2 Months

DATE	PATIENT NAME	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes	No	
☐	☐	**Please tell me any concerns about the way your baby is behaving or developing:** _____
☐	☐	**My baby looks at me and listens to my voice.**
☐	☐	**My baby quiets when picked up.**
☐	☐	**My baby is sleeping well.**
☐	☐	**My baby is eating well, sucking well.**
☐	☐	**My baby makes cooing sounds.**
☐	☐	**My baby lifts his/her head while on tummy.**

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	**I am sad more often than I am happy.**
☐	☐	**I have more good days with my baby than bad days.**
☐	☐	**I have people who help me when I get frustrated with my baby.**

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Infant Development			Parent Development		
Coos and vocalizes reciprocally*	Yes	No	Looks at infant	Yes	No
Smiles responsively	Yes	No	Picks up and soothes infant or comforts baby effectively	Yes	No
Follows to midline	Yes	No	Are parent and baby interested in and responsive to each other?	Yes	No
Is attentive to voices, sounds, visual stimuli	Yes	No	Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?	Yes	No
Some head control in upright position	Yes	No			
Shows pleasure interacting w/parent	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2: _____

_____

_____

_____

Staff Signature: _____ **Provider Signature:** _____

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health. **01/09**

Your Child's Health at 2 Months

Milestones

Ways your baby is developing between 2 and 4 months of age.

- **Likes to look at and be with familiar people**
- **Shows excitement by waving arms and legs and smiles when you speak to her**
- **Eyes follow people and things**
- **Lifts head and shoulders up when lying on tummy**
- **Babbles and coos; smiles/laughs/squeals**
- **Likes toys that make sounds and tries to hold small toys**
- **Begins to roll from side to side**

For Help or More Information:

Breast feeding, food and health information:

- **Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.**
- **The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding**
- **LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org**

For families of children with special health care needs:
Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

Car seat safety:

- **Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/**
- **To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org**

Depression after delivery:
For information on depression after childbirth visit this website: http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you're concerned about your child's development:
Contact Early On Michigan at 1-800-327-5966 or Project Find at http://www.projectfindmichigan.org/ or call 1-800-252-0052

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips

Preventing burns:

- **Check to make sure the bath water is lukewarm, not hot, before you put your baby in the water.**
- **Avoid drinking hot coffee, hot tea, or other hot drinks while holding your baby.**
- **Keep your baby out of the sun. Dress your baby in a hat with a rim and clothes that cover the arms and legs.**

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

***NEVER* shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.**

Health Tips

"Well Child" check-ups help keep your baby healthy. Try not to miss these doctor visits. If you do, call for another appointment.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit.

Breast milk or formula is all that babies this age need to grow. Avoid giving juice to your baby at this age. Sometimes your baby will need to eat more often than other times. This means he is growing faster.

You can keep breastfeeding when you go back to work. For information on breastfeeding and working, talk to your doctor or nurse or call WIC or the La Leche League.

Keep your baby away from people who are smoking. No one should smoke in the car or other areas when your baby or other children are present. Tobacco smoke may cause your baby to be sick with breathing problems, ear infections, and may increase the chance of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on her back to lower the chance of SIDS. Make sure grandparents and other baby sitters also put your baby to sleep on her back.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Parenting Tips

Help your baby learn and grow by playing lovingly with him.

Talk, read, and sing to your baby and look into her eyes. This helps your baby know you love her. It also helps her brain grow.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:
1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

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