

## Four Seasons Pediatrics

### Well Visit Form for 4 Month & 6 Month Well Visit

*Please tab through each field to fill out, or select from the drop-down menu*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Any change in address, if so list new information:

\_\_\_\_\_

#### Feeding History:

What kind of milk (breast or formula and type) does your baby take? \_\_\_\_\_

If Bottle-fed – ounces usually ingested in 24 hours: \_\_\_\_\_

If Breast-fed: # feedings/24 hours: \_\_\_\_\_ (please note we recommend Tri Vi Sol OTC vitamins)

Is your baby on solids? \_\_\_\_\_

Does your baby often have diarrhea? \_\_\_\_\_

Any problems with feeding? \_\_\_\_\_

What source do you get your drinking water from? (e.g. what water district, well, bottled etc)

\_\_\_\_\_

#### Behavior:

Any problems with your babies sleeping? \_\_\_\_\_

Does your baby have any difficult behavior you would like to change?

\_\_\_\_\_

#### Illnesses:

If your baby is on medicines, name them: \_\_\_\_\_

Has your baby had any serious illnesses since the last check up? \_\_\_\_\_

#### Development:

**Please check the boxes to indicate if your 4 month old does the following:**

Reaches for objects

Bring toys to his/her mouth

Lifts his/her head and chest up when lying on the stomach

Laughs out loud

Sits propped up (e.g with pillows) for 10-15 minutes

Turns to your voice when you are talking

**Please check the boxes to indicate if your 6 month old does the following:**

Moves an object between hands (e.g. rattle)

Sits briefly; while leaning forward on his/her hands

Turns his/her head to sounds

Bring his/her feet up to his mouth

#### Social:

Do you feel you are coping well with your baby? \_\_\_\_\_

Are both parents living at home? \_\_\_\_\_