

Four Seasons Pediatrics

Well Visit Form for 4 Month & 6 Month Well Visit

Child's Name: _____ Birth Date: _____ Age: _____
Today's Date: _____

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? _____
- Do you have any concerns about meeting your daily needs, paying for medications, household income, food or housing, crime or other social and economic issues? _____
- Does anyone in the family have any vision, hearing or cognitive problems that would hinder communication with the medical provider? _____
- There are concerns about family mental health, substance abuse or firearm safety. _____

Vaccine Information Statements (Check One)

- I will review the in-room copy
- I will review the on-line copy at your website
- I would like a paper copy

The Wellness Times – Four Seasons Pediatrics



4th Visit - Today's Weight: _____ Height: _____

4 Month Visit

Injury Prevention



You can reduce the chance of an injury by keeping the following tips in mind:

- Check toys for how easy they break.
- Watch out for **buttons** that can be pulled off and swallowed.
- **WALKERS**- Walkers are one of the highest cause of accidents in infants as they cause children to accelerate down stairs. Stationary walkers like the Exersaucer train the wrong muscles. We learn to walk using more of our thigh muscles. These train the muscles from the knee down.
- **Crib** – Lower the crib mattress before your baby can sit up alone.
- **Choking** – We suggest that all parents know CPR. As a reminder: Call 911
 1. Put baby face down on your arm, supporting the head.
 2. Give 5 back blows with heel of hand between baby's shoulder blades.
 3. Put baby face up on your forearm.
 4. Give five chest thrusts near center of breastbone.
 5. Lift jaw and tongue, look in mouth. If foreign body is seen sweep it with pinky finger.

6. If baby is not breathing, tilt head back and give two short breaths (puffs)
7. If breath does not go in repeat steps 1 to 6.

Nutrition



Please do not get into the habit of placing your baby to bed with a bottle in his mouth. If his last waking memory is of eating he will expect to be fed when he wakes up. It also bathes the teeth with milk, which can lead to milk cavities.

- Iron deficiency in the first year of life can lead to difficulty with learning later on in school.
- The maximum amount of formula at any age is **32 ounces in a 24 hour period**.
- Thumb sucking is very common at this age. As long as it is given up by 4 years of age, it will have no effect on the teeth.
- **Honey or Corn Syrup** given before 1 year of age can cause botulism.

Sleeping

By four months of age the average child sleeps 13-15 hours a day. Over the next two months the average child sleeps 10-12 hours.

If sleeping through the night,

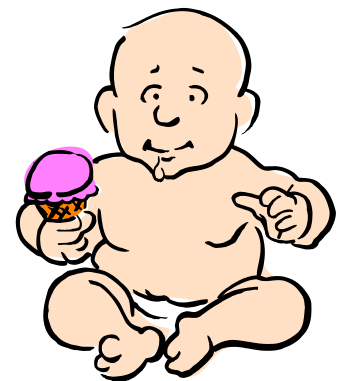
your child may start to wake up again some time between 5-7 months of age. This is due to a change in the sleep cycle. Every



child wakes up at this time. Going back to sleep will be determined by what is going on around him and what the **last waking memory** is.

We suggest you put him down **TIRED** but **AWAKE**. If he went to sleep while eating, he will want to be fed when he awakes. If he goes to sleep with your comforting, he will want you to comfort him back to sleep. This is now the age when children learn self comforting behaviors. Children who learn self comforting behaviors are more confident later on.

Development



By this age your child should be able to do most of the following:

- Reaches for objects out of grasp.
- Brings a toy to the mouth.
- Lifts the head and chest when on the stomach.
- Laughs out loud.
- Will sit propped between two pillows for 10-15 minutes.
- Turns to your voice when you are talking.

Immunizations

Your child will receive the following vaccines:

- **Pentacel** (DaPT-HIB-IPV for Diphtheria, Pertussis and Tetanus; Hemophilus influenzae type B and Polio)
- **Pneumococcal Vaccine**
- **Oral Rotavirus Vaccine**

The most common side effects are fever and swelling at the shot site. We no longer routinely recommend acetaminophen after vaccines. A recent study showed better protection from the shots, if you only give the acetaminophen if needed rather than routinely. See the table below for proper dosing. Please call if any of the following rare side effects occur:

- Temperature over 105
- Excessive paleness or limpness
- Prolonged crying that cannot be consoled
- Any unusual body movements that you cannot stop by holding

Recommended Reading



Your Child's Health by Barton Schmitt, MD.
Feed Me I'm Yours by Victoria Lansky. Excellent book to start reading about solid foods; for those who want to use their own table food!

Next Visit



Your next visit will be the 6 month well child visit.

Appropriate dosing for acetaminophen (Given every 4 hours) - See our website for other doses based on weight:

Weight	Dose of 160 mg/5ml
6-11 lbs	1.25 ml (40 mg)
12-17 lbs	2.5 ml (80 mg)
18-23 lbs	3.75 ml (120 mg)