

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