

**PEDIATRIC HEALTH
ASSESSMENT FORM
2 MONTHS**

CHILD'S NAME: _____

DATE: _____

AGE: _____ DATE OF BIRTH: _____

CURRENT MEDICATIONS _____

PRESENT CONCERNS/PROBLEMS _____

PROBLEMS WITH BIRTH OR PROBLEMS SINCE BIRTH? _____

ACCOMPANIED BY: _____ RELATIONSHIP: _____

DAILY LIVING: (FILLED OUT BY PARENT OR GUARDIAN)

DIET: FORMULA OUNCES PER BOTTLE _____ (NAME OF FORMULA) _____ (NUMBER OF FEEDS/DAY) _____

BREAST TOTAL MINUTES PER FEED _____ FEEDS PER DAY OR HOW OFTEN FEEDING _____

IS BABY TAKING ANY VITAMINS..... NO YES

ANY SIBLING RIVALRY OR JEALOUSY?..... NO YES

ANY STRESSFUL SITUATIONS IN THE HOUSEHOLD? describe briefly..... NO YES

DO PARENTS OR CAREGIVERS EVER SMOKE?..... NO YES

ANY REACTIONS TO PREVIOUS IMMUNIZATIONS?..... NO YES

ANYBODY AT HOME WITH A DECREASED IMMUNE SYSTEM (examples Cancer, HIV)..... NO YES

IS REAR FACING CAR SEAT USED ALL THE TIME?..... NO YES

HAVE SMOKE ALARMS?..... NO YES

ANY EXPOSURE TO ANYONE WITH TB OR WITH HIGH RISK (BORN OR LIVED
OUTSIDE THE UNITED STATES, HOMELESS, INCARCERATED, HIV/DRUG USE)? NO YES

HOUSE BUILT BEFORE 1980, OR LOCATED NEAR LEAD-RELATED INDUSTRIES?..... NO YES

HOUSEHOLD MEMBER/CLOSE CONTACT WITH HIGH LEAD WORK/HOBBY EXPOSURE?.. NO YES

OTHER LEAD EXPOSURE (I.E.: EATS NON-FOOD ITEMS / PICA; USE ANTIQUE DISHES, ETC; NO YES

USE PRODUCTS FROM OTHER COUNTRIES SUCH AS HEALTH REMEDIES, ETC.)..... NO YES

DESCRIBE BOWEL HABITS (No./ DAY) _____ CONSISTENCY/ COLOR _____

NUMBER OF WET DIAPERS PER DAY: _____

DESCRIBE PERSONALITY: _____

SLEEP: HOURS PER DAY? _____ POSITION (SIDE/BACK/BELLY) _____ IN OWN BASINETTE OR CRIB? _____

WHO LIVES IN HOME? _____

DESCRIBE WORK/DAY CARE SITUATION: _____

DEVELOPMENT: (FILLED OUT BY PARENT OR GUARDIAN)

ANY CONCERNS ABOUT VISION OR HEARING?..... NO YES

FOLLOWS MOVING OBJECTS BY TURNING HIS/HER EYES?..... NO YES

LIFTS HIS/HER HEAD OFF THE BED WHILE LYING ON HIS/HER BELLY?..... NO YES

MAKES A SOUND OTHER THAN CRYING, SUCH AS COOING OR GURGLING?..... NO YES

RESPONDS TO A NOISE BY MOVING HIS/HER EYES, CHANGES IN BREATHING,
OR OTHER CHANGES IN ACTIVITY?..... NO YES

SMILES BACK AT YOU AND WATCHES YOUR FACE?..... NO YES