WELL CHILD EXAM
INFANCY:
2 MONTH VISIT
Michigan Department of Human Services

Authority: P.A. 116 of 1973
Completion: Required
Consequences of non-completion:
Non-compliance of licensing rules.

Well Child Exam 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 Birth Weight Gestation ☐ Vaginal ☐ C-Section **Complications** ☐ Yes ☐ No

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

Apnea ☐ Yes ☐ No ☐ Monitor
☐ Breast every ________ hours
☐ Formula _____ oz every ________ hours
With iron ☐ Yes ☐ No
Type or brand ____________
☐ City Water ☐ Well Water

Elimination ☐ Normal ☐ Abnormal

Sleep
☐ Normal (2 – 4 hours) ☐ Abnormal
Additional area for comments on page 2

WIC ☐ Yes ☐ No

Maternal Infant Health Program
☐ Yes ☐ No

Screening and Procedures

Neonatal Metabolic Screen in Chart
☐ Yes ☐ No Test Date: ________
☐ Normal ☐ Pending ☐ Today
☐ Subjective Hearing-Parental observation/concerns
☐ Subjective Vision- Parental observation/concerns

Developmental Surveillance
☐ Social-Emotional ☐ Communicative
☐ Physical Development ☐ Cognitive

Psychosocial/Behavioral Assessment
☐ Yes ☐ No

Screening for Abuse
☐ Yes ☐ No

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 ☐ Yes ☐ No

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	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
☐ Yes ☐ No

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
(check 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 Sold 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 Surveillance on Page 2
Page 3 required for Foster Care Children

Medical Provider Signature:

PAGE 2 – WELL CHILD EXAM – INFANCY: 2 Months – Developmental Surveillance
(This page may be used if not utilizing a Validated Developmental Screener)

Date	Child's Name	DOB

Developmental Questions and Observations

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

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

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

Medical Staff Signature	Medical Provider Signature

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 – WELL CHILD EXAM – INFANCY: 2 Months

Date	Child's Name	DOB

Name of person who accompanied child to appointment	☐ Parent ☐ Foster Parent ☐ Relative Caregiver (specify relationship) ☐ Caseworker
Phone number of person who accompanied child to appointment	

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

☐ Yes Please attach completed physical form utilized at this visit
☐ No If no, please state reason physical exam was not completed

Developmental, Social/Emotional and Behavioral Health Screenings (must use validated tool)

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening and Autism Screening completed: ____________________

Screener Used: ☐ ASQ ☐ PEDS ☐ PEDSDM
☐ Other tool: Score: ______________

Referral Needed: ☐ No ☐ Yes

Referral Made: ☐ No ☐ Yes Date of Referral: __________ Agency: ______________________________

Current or Past Mental Health Services Received: ☐ No ☐ Yes (if yes please provide name of provider)

Name of Mental Health Provider: ____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc.):

Medical Staff Signature	Date	Medical Provider Name (Please print)

Address	Telephone Number

This 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 Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

FOSTER PARENT/CAREGIVER HANDOUT SHEET

Your Child's Health at 2 Months

Milestones

Ways your child is developing between 2-4 months.

- Likes to look at and be with familiar people
- Shows excitement by waiving 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 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
- Text4Baby for health and development information – http://www.text4baby.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 at www.nhtsa.dot.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 1.800.444.4PPD

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 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 that 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 changes of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on her back to lower the change 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. If 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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

From the Institute for Health Care Studies at Michigan State University.