WELL CHILD EXAM
INFANCY:
4 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

Solids ☐ Yes ☐ No

Elimination ☐ Normal ☐ Abnormal

Sleep

☐ Normal (5 – 6 hours) ☐ Abnormal

Additional area for comments on page 2

WIC ☐ Yes ☐ No

Maternal Infant Health Program

☐ Yes ☐ No

Screening and Procedures

☐ 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

Screening If At Risk

☐ Hct or HGB _____

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
- ☐ Use safety belt and don't drive under the influence of alcohol or drugs
- ☐ Don't leave baby alone in tub or high places; always keep hand on baby
- ☐ Keep home and car smoke-free
- ☐ Water temp. <120 degrees/test with wrist
- ☐ Don't use baby walkers
- ☐ Check home for sources of lead

Nutrition

- ☐ Breastfeed or give iron-fortified formula
- ☐ Avoid foods that contribute to allergies
- ☐ Introduce solid foods at 4-6 months
- ☐ Wait one week or more to add new food

Oral health

- ☐ Discuss teething
- ☐ Discuss good family oral health habits
- ☐ Don't share spoon or put pacifier in your mouth to clean.

Infant Development

- ☐ Consoling a fussy baby
- ☐ Put baby to sleep on back/Safe Sleep
- ☐ Learn baby's temperament
- ☐ Talk, sing, play music, and read to baby
- ☐ Establish daily and bedtime routines

Family Adjustment

- ☐ Encourage partner to help care for infant
- ☐ Take time for self and spend time alone with your partner
- ☐ Keep in contact with friends, family
- ☐ Family Planning
- ☐ Choose responsible babysitters
- ☐ Discuss child care, returning to work
- ☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
- ☐ Baby cannot be spoiled by holding, cuddling or rocking

Other Anticipatory Guidance Discussed:

Next Well Check: 6 months of age

Developmental Surveillance on Page 2

Page 3 required for Foster Care Children

Medical Provider Signature:

PAGE 2 – WELL CHILD EXAM – INFANCY: 4 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 cries when upset and seeks comfort.
☐	☐	My baby smiles and laughs.
☐	☐	My baby is sleeping well.
☐	☐	My baby is eating and growing well.
☐	☐	My baby can see and hear.
☐	☐	My baby likes to look at and be with me.
☐	☐	My baby reaches for objects and can hold them.
☐	☐	My baby rolls or tries to roll over from tummy to back.
☐	☐	My baby lets me know what it wants and needs.

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.
☐	☐	I am enjoying my baby more days than not.

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
Holds head upright in prone position	☐	☐	Looks at infant and shares baby's smile	☐	☐
Laughs responsively	☐	☐	The parent comforts baby effectively	☐	☐
Follows past midline	☐	☐	Parent and baby are interested in and responsive to each other	☐	☐
No persistent fist clenching	☐	☐	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable?	☐	☐
Raises body on hands	☐	☐			
Seeks eye contact with 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: 4 Months

Date	Child's Name	DOB

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

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 completed: Date _____

Screener Used: ☐ ASQ ☐ ASQSE ☐ 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.

FOSTER PARENT/CAREGIVER HANDOUT SHEET

Your Child's Health at 4 Months

Milestones

Ways your child is developing between 4 and 6 months.

- Babbles using single consonants such as "dada" or "baba"
- Smiles, laughs, and squeals responsively
- Rolls over from front to back
- Shows interest in toys
- Tries to pass toys from one hand to the other
- May get upset when separated from familiar person(s)
- Sits with support
- Enjoys a daily routine

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

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.

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at http:/www.cdc.gov/vaccines.

For help finding childcare:

Child Care Licensing Agency, Michigan Department of consumer & Industry Services, 1-866—685-0006 or online at http://www.michigan.gov/michildcare

Domestic Violence hotline:

National Domestic Violence Hotline – (800) 799-SAFE (7233) or online at http://www.ndvh.org

Safety Tips

Always keep one hand on your baby when he is on a bed, sofa, or changing table so he does not roll off.

Safety Tips:

Never leave your baby alone in your home, car or community.

Use a rear-facing car seat for you baby on every ride. Buckle her up in the back seat, away from the air bag.

Keep the Poison Control Center phone number by your phone: 1-800-222-1222

Health Tips:

Check-ups are a good time to ask the doctor or nurse questions about your baby. Make a list of questions before you go.

Keep your baby's immunization (shot) card in a safe place and bring it to every doctor or clinic visit. Babies can get shots even when they have a slight cold.

Your baby is still getting all the nutrition he needs from breast milk or formula. Try to keep breast-feeding until your baby is at least 12 months old. Talk to your doctor about when to start your baby on cereal or other solid foods. This usually happens when your baby is 5 or 6 months old.

Check how your baby sees and hears. Watch to see if her eyes follow moving objects. Watch to see if she turns toward a loud or sudden sound

Keep putting your baby to sleep on his back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by himself in a crib or portable crib.

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:

Sing, talk, read to and play with your baby every day. Look at your baby and repeat the sounds she makes.

Put your baby on his tummy to play on the floor. Put toys close to him so he can reach for them.

Try to make a daily routine for you and your baby.

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.

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