# WELL CHILD EXAM
# INFANCY:
# 4 WEEKS

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

***Hearing***

☐ Responds to Sounds

☐ Neonatal ABR or OAE results in chart

***Developmental Surveillance***

☐ Social-Emotional ☐ Communicative

☐ Physical Development ☐ Cognitive

***Psychosocial/Behavioral Assessment***

☐ Yes ☐ No

***Screening for Abuse***

☐ Yes ☐ No

***Screen If At Risk:***

☐ IPPD ________ (result)

☐ Vision-Parental observation/concerns

**Immunizations:**

HepB Given in Hospital?

☐ Yes ☐ No ☐ Today

☐ Immunizations Reviewed

☐ Immunizations Given & Charted – if not given, document rationale

☐ MCIR checked/updated

Patient Unclothed ☐ Yes ☐ No

| Review of Systems N | Review of Systems A | Physical Exam N | Physical Exam A | Systems |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | General Appearance |
| ☐ | ☐ | ☐ | ☐ | Skin/nodes |
| ☐ | ☐ | ☐ | ☐ | Head |
| ☐ | ☐ | ☐ | ☐ | 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 care set placed in back seat

☐ Keep home and care smoke-free

☐ Keep hot liquids away from baby

☐ Smoke detectors

☐ 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/don't prop bottle

☐ Breast on demand or feed iron-fortified formula

☐ Delay solid foods until 4-6 months

***Infant Care***

☐ Thermometer use; antipyretics

☐ Wash hands often

☐ Avoid direct sun/use children's sunscreen

☐ Emergency procedures

***Infant Development***

☐ Consistent feeding/sleep routines

☐ Put baby to sleep on back/Safe Sleep

☐ Tummy time while awake

☐ Console, hold, cuddle, rock, play with baby

***Family Adjustment***

☐ Take time for self and partner

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention

☐ Discuss child care, returning to work

***Parental Well Being***

☐ Postpartum Check-up, Family Planning

☐ Baby blues, postpartum depression

☐ Accept help from partner, family and friends

Other Anticipatory Guidance Discussed:

Next Well Check: 2 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 WEEKS
# DEVELOPMENTAL SURVEILLANCE

(This page may be used if not utilizing a Validated Developmental Screener)

| Date | Patient Name | DOB |
|---|---|---|
| | | |

**Developmental Questions and Observations**

**Ask the parent to respond to the following statements about the infant:**

| 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 calms down when picked up. |
| ☐ | ☐ | My baby is sleeping well. |
| ☐ | ☐ | My baby is eating well, sucking well. |
| ☐ | ☐ | My baby can hear sounds. |
| ☐ | ☐ | My baby looks at my face. |

**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** | Yes | No | **Parent Development** | Yes | No |
|---|---|---|---|---|---|
| Cries, coos, and smiles | ☐ | ☐ | Looks at infant | ☐ | ☐ |
| Infant responds to soothing | ☐ | ☐ | Picks up and soothes infant | ☐ | ☐ |
| Infant listens to voices | ☐ | ☐ | Listens to infant | ☐ | ☐ |
| Infant fixates on human face, follows with eyes | ☐ | ☐ | Talks to infant | ☐ | ☐ |
| Lifts head momentarily | ☐ | ☐ | Touches infant | ☐ | ☐ |
| Moves arms, legs, and head | ☐ | ☐ | | | |

*Please note: Formal development 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 Provider Signature | Medical Provider Name (please print) |
|---|---|
| Address | Telephone Number |

**THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN**
**PAGE 3 – WELL CHILD EXAM – INFANCY: 4 WEEKS**

| Date | Child's Name | DOB |
|---|---|---|
| | | |

| Name of person who accompanied child to appointment | ☐ Parent<br>☐ Foster Parent<br>☐ Relative Caregiver (specify relationship)<br>☐ 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**
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: ☐ PED ☐ PEDSD ☐ 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 Provider Signature | 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.

**Provide child's caregiver/foster parent with handout.**

**FOSTER PARENT/CAREGIVER HANDOUT**

Your Baby's Health at 4 Weeks

**Milestones**

Ways your baby is developing between 1week and 1 months of age.

- Looks at your face when you hold him, follows you as you move and may begin to smile.
- Pays attention to your voice.
- Shows she hears sounds by startling, blinking, or crying.
- Moves arms and legs, tries to lift head when lying on tummy.
- Tells you what he needs by fussing or crying.

**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/breastfeeling
- LA LECHE League – 1-877-452-5324, or 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.

Care seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.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 http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1-800-944-4PPD.

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 www.ndvh.org

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from 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**

Learn to know when your baby is hungry, so you can feed her before she cries. Your baby may get fussy or turn her head toward your body when you hold her.

Breast milk is the perfect food for babies for at least the first year. Try to breast feed as long as possible.

If you are giving your baby a bottle, hold him in your arms during feedings. Your baby needs this special time with you.

Immunizations (Shots) protect your baby from many very serious diseases. Make sure your baby gets all of her shots on time.

To lower the chance of your baby dying from Sudden Infant Death Syndrome (SIDS), ALWAYS put your baby to sleep on his back in a crib or bassinet. There should be no soft bedding, blankets, pillows, bumper pads, sheepskins, or stuff toys in the crib or bassinet.

If you or your baby's caregivers smoke, then STOP smoking. Ask visitors who smoke to go outside away from your baby. No one should smoke in the care or other areas when your baby or other children are present.

Keep your baby away from crowds and people who have colds or coughs. Make sure that people who hold or care for your baby wash their hands often.

Call your baby's doctor or nurse before your next visit if you have any questions or worries about your baby.

**Parenting Tips:**

Help your baby learn by playing and talking with them.

Give your baby the gift of your attention. Take lots of time to hold her, look into her eyes, and talk softly.

Comfort your baby when he cries. Your baby fusses and cries to try to tell you what he wants. Holding will not spoil him.

Your baby needs "tummy time" to strengthen muscles. Place your baby on her tummy when she is awake.

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). The 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.

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