

4 Months

Does the child have any medical problems?

yes no If yes, please

list _____

Has the child had any surgeries? yes no

If yes, please list type

Is there a family history of illness or disease? Immediate family only. yes no

If yes, please list

Who lives in the home with the child?

Does anyone in the home smoke? yes

no

Is the child taking any medications on a daily basis? yes no If yes, please list all

medications _____

Is the child allergic to any medication?

yes no If so, what?

Please list birth history:

Hospital _____

Delivery type: vaginal C-section

Full-term? yes no How many weeks

were you when child was

born? _____

Birth weight? _____

Inches? _____

Did child pass hearing screen? yes no

Did child receive Hep B vaccine? yes no

no

Any problems at delivery? yes no If

yes, please

list _____

Excessive sun exposure? yes no

Does child use a car seat? yes no

Is the home child proofed? yes no

Fire extinguishers? yes no

Smoke detectors? yes no

Any guns in the home? yes no

Any pets in the home? yes no If yes, what kind?

Any concerns with hearing? yes no

Any concerns with vision? yes no

Any problems since last visit? yes no

ER visits? yes no

4 Month Questionnaire

Please check all the boxes that apply

Feeding:

- Breast feeding
- Formula feeding
- Early introduction of solid baby food
- Spitting up after feeding
- Supplemental feeding after breast
- Pumping and bottle

Feeding

Breast feeding:

- Well
- Poorly
- < 10 mins
- 10 mins
- 15 mins
- 20 mins

Formula:

- Similac
- Enfamil
- Gerber Good Start

Bottle Feeding Volume:

- 1 oz 5 oz
- 2 oz 6 oz
- 3 oz 7 oz
- 4 oz 8 oz or more

Feeding Frequency:

- Every hour
- Every 2 hours
- Every 3 hours
- Every 4 hours
- Every 5 or more hours

Elimination Stool:

- BM every feed
- BM every other feed
- BM 2 times daily
- Hard BM
- Soft BM
- Straining with BM
- Lots of gas

Elimination Urine:

- Urination every feed
- Urination every other feed
- Decreased urination
- Urine >6 times daily
- Urine < 5 times daily

Sleep/Position:

- On back
- Side
- Stomach
- Crib
- Bassinette
- Parent's room
- Infant's room

Temperament:

- Easy
- Demanding
- Cries when hungry or needs changing
- Fussy
- Fussy but consolable

Gross Motor Assessment:

- pulls to sit
- raise body when on stomach
- roll front to back
- sits with head steady
- bear weight on legs

Fine Motor Assessment:

- Grasps objects
- bring hands together
- follow objects 180 degrees

Communication:

- laughs
- squeals
- vocalizes

Social:

- regards hands
- smiles out of the blue
- seeks eye contact