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## 2 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 \_\_\_\_\_

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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

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? \_\_\_\_\_

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## 2 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

- 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

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### Breast feeding:

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

### Sleep/Position:

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

### Formula:

- Similac
- Enfamil
- Gerber Good Start

### Temperament:

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

### Bottle Feeding Volume:

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

### Fine Motor Assessment:

- Follows objects to midline

### Feeding Frequency:

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

### Communication:

- Coos
- Responds to touch, noises

### Social:

- Smiles out of the blue

### Elimination Stool:

- BM every feed
- BM every other feed