Your Child's 4 Month Well-Visit

This form will help us give your child the best care possible. We will use it to focus the visit on the information you would like to receive.

Child's Name _____

Child's Date of Birth _____

This tool was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). Visit www.wellvisitplanner.org or contact cahmi@ohsu.edu for further information.

Your Name: _____ **Your relationship to the child:** _____

Share with me one thing that *your child is able to do* that you are excited about: _____

_____

Are there any specific *concerns* you want to discuss today? ☐ No ☐ Yes _____

_____

Have there been any *major* changes in your family lately? ☐ None ☐ Move ☐ Job Change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Other? Describe: _____

GENERAL HEALTH INFORMATION	Yes	No
Since your last visit, has your child had any *major* illnesses and/or hospitalizations?	☐	☐
Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)?	☐	☐
Have any of your child's relatives developed new medical problems since the last visit?	☐	☐
Does your child live with both parents in the same home?	☐	☐
Do you have at least one person whom you trust and to whom you can go with personal difficulties?	☐	☐
Do any adults who are around your child smoke? (includes inside or outside the house)	☐	☐

In general, how well do you feel you are coping with the day-to-day demands of parenthood?

☐ Not well at all ☐ Not very well ☐ Somewhat well ☐ Well ☐ Very well

PICK YOUR PRIORITIES: UP TO FIVE

Tell us what you want to talk about today by checking up to **5 boxes TOTAL** from the topics below (fewer than 5 is OK, too). Find information on the topics below at **www.wellvisitplanner.org/education**.

How You & Your Family Are Doing
- ☐ Changes or stressors for you & your family
- ☐ Making sure you have adequate emotional support
- ☐ Taking time for yourself/partner/children
- ☐ Balancing responsibilities with your partner
- ☐ Issues related to childcare (such as nanny, daycare, etc.)

Your Child Is Eating & Growing
- ☐ Growth & weight gain
- ☐ Introduction to solid foods
- ☐ Vitamins your child may/should take
- ☐ Guidance on breast-feeding
- ☐ Guidance on formula feeding

How Your Child Is Developing
- ☐ Behaviors to expect in the next few months
- ☐ Establishing consistent daily routines
- ☐ Night waking & fussing
- ☐ "Back-to-sleep" & crib safety
- ☐ How your child communicates needs
- ☐ Your child's moods & emotions
- ☐ Tips for calming & relaxing your child
- ☐ Playtime (e.g. tummy time & reading)
- ☐ Television - why the experts say no TV

Your Child's Dental Health: Before Teeth
- ☐ Teething & drooling
- ☐ Why to avoid bottles in bed
- ☐ Preventing spread of cavities from parent/caregiver to child

Your Child's Safety
- ☐ Childproofing for your baby on the move
- ☐ Installing & using the car seat correctly
- ☐ Safety issues with wheeled baby walkers
- ☐ Preventing choking, common hazards
- ☐ Bathtub, water & pool safety
- ☐ Preventing burns & how to change hot water heater temperature
- ☐ Preventing lead poisoning

Other
- ☐ _____

_____

YOUR GROWING AND DEVELOPING CHILD

Do you have any specific concerns about your child's learning, development or behavior? ☐ Not at all ☐ A little ☐ A lot

Describe: _____

_____

Do your child's eyes appear unusual or seem to cross, drift or be lazy? ☐ Yes ☐ No

Do you have any concerns about how your child hears? ☐ Yes ☐ No

Please check each task your child is able to do right now.

Gross Motor
- ☐ Hold head steady when sitting with support
- ☐ Roll Over

Fine Motor
- ☐ Grasp a rattle
- ☐ Follows, with their eyes, from one side all the way to the other

Social/Emotional
- ☐ Look at own hand
- ☐ Likes to cuddle
- ☐ Calms down on their own

Cognitive/Communicative
- ☐ Laugh
- ☐ Turn to a rattling sound