# DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services

F-01068C (08/2019)

Reprinted and adapted with permission from Memee K. Chun, M.D.

**GENERAL PEDIATRIC CLINIC / 4-MONTH VISIT**

(See 2nd page for Anticipatory Guidance for 4-Month Visit)

Completion of this form is voluntary.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Name** | | | **Date of Birth** | | | **Age** | | **Height** | | **Weight** | **Today’s Date** | | |
| **Accompanied by** | | | | | | | | | | **Head Circumference** | | | |
| **Parental Concerns** | | | **Alertness** | | | | | | | | | | |
| **Feeding:** Breast\_     \_\_\_\_\_\_\_\_\_\_\_\_ x / day. \_     \_\_\_\_\_\_\_\_\_\_Hours  Formula: Type \_     \_\_\_\_\_\_\_\_\_\_ (     ) \_     \_\_\_\_\_\_\_\_\_x / day  Amount / Feeding \_     \_\_\_\_\_\_\_\_\_ oz. Water      \_\_\_\_\_\_\_x / day  Solids | | | **Activity** | | | | | | | | | | |
|  | | | **Response to Examiner** | | | | | | | | | | |
| **Sleeping** | | | **Note — Present (+) or Absent (-) as Appropriate**  (Cross off parts not examined or not applicable) | | | | | | | | | | |
| **Skin** | | | **Part** | | | | | | | | | **N** | **Abn** |
|  | | | Skin: Color, texture | | | | | | | | |  |  |
|  | | | Head: AP size       / cms | | | | | | | | |  |  |
| **Stool Pattern** | | | Eyes: Cover test, lids, pupils, conjunctivae, red reflex, fundi | | | | | | | | |  |  |
|  | | | Ears: Canals, tympanic membranes, localization of sound | | | | | | | | |  |  |
|  | | | Nose, Mouth, Throat: Gums, Buccal mucosa, tongue | | | | | | | | |  |  |
| **Reaction to Previous Immunization** | | | Neck & Chest: Trachea, thyroid, cervical nodes | | | | | | | | |  |  |
|  | | | Heart and lungs | | | | | | | | |  |  |
|  | | | Abdomen: Size, liver, spleen, kidneys | | | | | | | | |  |  |
| **Current Living Situation** | | | Extremities: Hips — abduction \_     \_\_\_\_ click (     )  Tibial malleolar positions \_     \_\_\_\_\_ feet \_     \_\_\_\_\_ | | | | | | | | |  |  |
| **Parents’ Description of Baby’s Temperament** | | | Genitourinary: Penis, meatus, foreskin retraction, testes  Vaginal orifice, inguinal nodes, inguinal hernia ( ) | | | | | | | | |  |  |
| **Problems Identified and Received** | | | Neuromuscular: Tone, posture, head control, motor strength, C2 – 12, reflexes, moro (  ) placing (  ) palmar grasp (  ) planter grasp (  ) tonic neck (  ) babinski (  ) DTRs | | | | | | | | |  |  |
| **Physical and Emotional Status** | | | **Describe abnormal findings.** | | | | | | | | |  |  |
| **Diet:** Change in Stool with Diet, Scheduling to Fit Family Schedule  Additions | | | **Development Observation** NO\* = not observed by parents or examiners, | | | | | | | | | | |
|  | | | R | O | NO\* | | R = Reported, O = Observed | | | | | | |
|  | | |  |  |  | | G.M. | | Rolls over from stomach to back | | | | |
| **Anticipatory Guidance:** Drooling, Chewing, Teething, Pacifier.  Colds and Fever Review  Sibling Rivalry. Vocal Stimulation  Safety: Need for Safe Place to have Baby, Toys.  Aspiration of Foreign Objects. Home Water Temp. | | |  |  |  | |  | | Prone, lifts, chest up with arm support | | | | |
|  | | |  |  |  | |  | | No head lag when pulled to sitting | | | | |
|  | | |  |  |  | |  | | Head steady when held sitting | | | | |
|  | | |  |  |  | |  | | Bears some weight on legs | | | | |
|  | | |  |  |  | | P.M. | | Regards & follows small object — 90 degree arc | | | | |
| **Immunization** | **Drug Co. and Lot No.** | **Expiration Date** |  |  |  | |  | | Reaches for dangling object | | | | |
|  |  |  |  |  |  | |  | | Brings hands together | | | | |
|  |  |  |  |  |  | |  | | Grasps objects and resists pulls | | | | |
|  |  |  |  |  |  | | Lang. | | Laughs aloud | | | | |
|  |  |  |  |  |  | |  | | Vocalizes responsively | | | | |
| **SIGNATURE —** Provider | | Date Signed |  |  |  | |  | | Initiates vocalization | | | | |
|  | |  |  |  |  | | P.S. | | Seeks eye contact with parents | | | | |
|  | |  |  |  |  | |  | | Reaches with arms to parents | | | | |
| Return to clinic in       months. | | |  |  |  | |  | | Smiles responsively | | | | |
|  | | | **Parents’ Interactions with Baby** NO\* = Not observed here | | | | | | | | | | |
|  | | | O | NO\* | O = Observed M = Mother F= Father | | | | | | | | |
|  | | |  |  | Touches baby | | | | | | | | |
|  | | |  |  | Scolds crying baby | | | | | | | | |
|  | | |  |  | Calmly holds to quiet baby | | | | | | | | |
|  | | |  |  | Spontaneously identifies baby’s positive qualities | | | | | | | | |
|  | | |  |  | Watching baby’s actions during visit | | | | | | | | |
|  | | |  |  | Responds to baby’s voice with vocal response | | | | | | | | |
|  | | | **Other Observations** | | | | | | | | | | |
|  | | | **Development and Parent-Child Interaction** | | | | | | | | | | |

**GENERAL PEDIATRIC CLINIC / 4 MONTH VISIT ANTICIPATORY GUIDANCE FOR 4-MONTH VISIT**

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**Diet**

Plan adding only one new food per week. It is okay to let the parents choose what to add but still keep away from allergenic foods. With addition of solids, stools will become more firm. Add juices and fruits PRN (see 6-8 week visit).

**Anticipatory Guidance**

Teething, discuss the timing of first teeth (5-9 months), the wide range of normality, the normal sequence of teeth eruption and again great variation in this sequence, gums do most of the chewing so the baby does not need teeth to eat solids.

Drooling, increased mucus, irritability, need to chew, possibly loose stools may all be related to teething. Most babies do not have fever, runny nose or overt diarrhea. Drooling is also due to increased saliva at this age. Chewing is partially from teething but also from the development of "hand-mouth" reflex. A cool pacifier gives comfort to the swollen gums. Use solid teething ring kept cool in the refrigerator. Do not use a ring with liquid inside.

Colds — see handout. Discuss decreased maternal protection by 6 months. More exposure to people, so babies are more apt to get viruses. Diseases may last 7-14 days and the baby can get a new "cold" every two weeks or so.

Fever review — see "6-8 week visit"

**Sibling Rivalry**

The baby is now very responsive to everyone and gets a lot more attention from father and visitors. Sibs close in age may show more signs of sibling rivalry now. May revert to more immature behaviors.

Vocal Stimulation — The parents should respond to baby's "noises" with speech.

**Safety**

Use the playpen as a safe place to leave the baby. This is especially needed when there are older sibs running around. The use of the playpen at this time will get the child used to his own "safe territory." As the baby becomes more mobile, the playpen can prevent accidents from occurring when the baby is left alone for a few minutes while the parent goes to the bathroom, answers the phone, goes to the front door, etc. When using infant seats, they should always be placed on the floor. Toys should be large, colorful and washable. The prevention of aspiration of objects should be gone over by reminding parents to always close safety pins and not leave small toys or hard food near the baby.

Home water temperature should be turned to below 120° now.