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2 MONTH WCC

Pt Name: DOB: DOS:

WT: _____kg HT: _____cm FOC: _____
T: _____°F P: _____ RR: _____
B/P: _____/_____ O_2: _____% Allergies:

Accompanied By : Current Meds:

HISTORY OF PRESENT ILLNESS:

Diet: _____ Elimination: _____

Sleep: _____ Vision: _____

Hearing: Does baby get quiet for a moment when talked to ? Y N
Does baby act startled or stop moving for sudden loud noises ? Y N

Concerns:

REVIEW OF SYSTEMS: **Circled = negative, except as noted below**

Cons Eyes ENMT CV Resp Gastro G/U Skel
Integumentary Neuro Psych Endo Hema/Lymp Allergy/Imm

PAST MED, FAMILY & SOCIAL HX:

Immunizations: UTD: Y N
Major Illnesses: _____
Hospitalizations: _____
Surgeries: _____

Family HX: CA, HTN, Asthma, Allergies, DM, CV any, CV < 55, Sz

Social HX: Total in Household: _____
Lives with: Mother Father Siblings: ____ Aunt Uncle
Grandmother Grandfather Cousins
Water: City Well Bottled Pets: Dog/Cat Reptiles Bird
Smokers: Y N Poultry Farm

Developmental Milestones

Parent Report	Pass	Fail	PS: Personal/Social Lang: Language GM: Gross Motor FM: Fine Motor	% Passing
■			PS: Smiles responsively	100
			PS: Smiles spontaneously	75
■			FM: Follows to midline	100
■			FM: Follows past midline	75
			Lang: Diminishes activity at sound of voice	100
			Lang: Vocalizes spontaneously	100
			Lang: “Ooh/Ahh”	50
			Lang: Squeals	75
■			GM: Baby prone, lifts head to 45°	90

PHYSICAL EXAM:

General Appearance:
☐ Well-Developed ☐ Well-Nourished ☐ NAD

Eyes:
☐ Lids, Sclerae, conj, ant chambers
☐ Red reflexes
☐ PERRL
☐ EOMI
☐ Tears

ENMT:
☐ Hearing, pinnae, canals, TMs
☐ Nasal mucosa, septum, turbinates
☐ Pharynx/moist mucosa

Neck:
☐ Non-Tender ☐ LAD ☐ No deformity/ masses
☐ No meningeal signs
☐ Thyroid

Respiratory:
☐ Auscultation ☐ Percussion
☐ Effort ☐ Air Movement

Cardiovascular:
☐ RRR ☐ No Murmur
☐ Pulses ☐ Cap refill < 2 secs

GI/Abdomen:
☐ Soft ☐ BS Normal
☐ Non-Tender ☐ No CVAT
☐ No masses ☐ No HSM
☐ No peritoneal signs

GU: Tanner Stage _____

Male: ☐ Normal ☐ Testes ↓↓
☐ Circ'ed ☐ Uncirc'ed

Female: ☐ Normal ☐ Hymen intact
☐ No D/C

Musculoskeletal:
Head: ☐ AF ☐ NCAT
Neck:
☐ Strength/Tone/ROM
Back/Spine:
☐ Strength/Tone/ROM
Chest:
☐ No tenderness ☐ No deformity
Extremities:
☐ Strength/Tone/ROM
☐ No tenderness
☐ No swelling
☐ Digits/Nails
☐ Gait/Station

Skin:
☐ Good Color ☐ Warm/dry
☐ No rash/lesion/mass

Neuro:
☐ CN II→XII intact ☐ Sensation nl throughout
☐ Reflexes 2+/equal/bilat
☐ Strength nl bilat all extremities

Psychiatric:
☐ Active, interactive ☐ Psych Questionnaire Neg
☐ Consolable
☐ Social smile
☐ Behavior appropriate for age/setting

☐ **Exam limited by urgency of condition**

Check box if assessed; circle abnormal and note findings
Not circled & Checked = Normal

Anticipatory Guidelines:

Car Seat Use:

Diet (vitamins, plan for intro to solids, other)**:**

Safety (bath, jewelry, pets, siblings, falls, sleep position)**:**

Assessment:

Plan:

Immunizations:

DTAP # HEP A # HEP B #

HiB # IPOL # MMR #

Prevnar # Varicella # Td Booste

Other _____ UTD

State Screen #2 Results
Normal Abnormal

Hbg Type _____ per results of _____

DISPOSITION: Home Admitted Trans

Follow-up in _____ days wks

Next WCC

Signature