

4 MONTH WCC

Pt Name : _____ **DOB:** _____ **DOS:** _____

WT: _____ kg **HT:** _____ cm **FOC:** _____

T: _____ °F **P:** _____ **RR:** _____

B/P: _____/_____ **O₂:** _____% **Allergies:** _____

Accompanied By : _____ **Current Meds:** _____

HISTORY OF PRESENT ILLNESS:

Diet: _____ **Elimination:** _____

Sleep: _____ **Vision:** _____

Hearing: Does baby turn eyes/head to sound of voice when baby can't see parent? Y N

Does baby smile or stop crying when someone baby knows speaks? 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 GM: Gross Motor	Lang: Language FM: Fine Motor	% Passin
			PS: Smiles spontaneously		100
			PS: Regards own hand		90
			FM: Brings hands together		90
			FM: Grasp rattle		90
			FM: Regards & follows red yard ball 180°		75
			Lang: Laughs aloud		100
			Lang: Squeals		75-90
			Lang: "Ooh/Aah"		100
			GM: Bears weight on legs		75
			GM: Head steady when held sitting		100
			GM: No head lag		75
			GM: Rolls over		50-75

