

THIS SECTION TO BE COMPLETED BY PARENT

Personal Social History

- Are you concerned about your baby's...* YES NO
1. feedings Breast Formula _____
 2. excessive spitting or vomiting.....
 3. bowel movements
 4. straining with stools.....
 5. straining or crying with voiding.....
 6. congestion or wheezing
 - If present, does this clear with sleeping?.....
 7. skin color or skin rashes (circle).....
 8. excessive crying.....
 9. overall development.....
 10. sleep habits.....
 - Does he/she sleep on back?.....
 - Does he/she sleep in a room alone?.....

- Does your child...*
11. smile when you approach him / her.....
 12. coo, babble, laugh and squeal.....
 13. cry when you walk out of the room.....
 14. show displeasure by fussing or crying.....
 15. turn head toward direction of sound.....
 16. move all extremities equally well.....
 17. roll over (front to back).....
 18. try to bat at objects.....
 19. Were there any problems with the first immunizations?.....
 20. Do you have smoke alarms in your house?.....
 21. Is your child exposed to cigarette smoke?.....
 22. Are you getting enough rest?.....
 23. Have you been sad, depressed or crying excessively?.....
 24. Is your child attending day care?.....
 25. Does your child ride in a rear-facing infant safety seat?
 26. Do you know infant CPR?.....
 - Do you have any concerns you wish to discuss?*.....

History Previous concerns, consults and procedures reviewed

(Interval: No Change) Concerns _____

Current Medications _____

Drug Allergies Yes No _____

Past / Social / Family History (Interval: No Change)

Provider Comments

Anticipatory Guidance

General

- Growth /Dev.
- Immunizations
- Stools/Urine
- Sleep (back, alone)
- Crib/Mattress
- Pacifier use
- Ed. Handouts

Nutrition

- Breast
- Formula
- Solids (4-6 Mo.)
- Vitamins
- No honey
- No bottle prop
- No microwave

Injury Prevention

- Car seat
- Falls
- No strings around neck
- No shaking
- Burns-hot water
- Smoke alarms
- Gun safety

Parent's Signature _____ Date _____
Parent's section reviewed by _____