

# Your Child's 4 Month Well-Visit

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

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.

This tool was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). Visit [www.wellvisitplanner.org](http://www.wellvisitplanner.org) or contact [cahmi@ohsu.edu](mailto: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 <b>major</b> illnesses and/or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your child's relatives developed new medical problems since the last visit?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with both parents in the same home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have at least one person whom you trust and to whom you can go with personal difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Do any adults who are around your child smoke? (includes inside or outside the house)	<input type="checkbox"/>	<input type="checkbox"/>
In general, how well do you feel you are coping with the day-to-day demands of parenthood?		
<input type="checkbox"/> Not well at all <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Well <input type="checkbox"/> 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](http://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