**Screening and Procedures:**

<table>
<thead>
<tr>
<th>Maternal Infant Health Managed Care Program (MCP)</th>
<th>Current Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Psychosocial/Behavioral Assessment:**

<table>
<thead>
<tr>
<th>Social-Emotional</th>
<th>Communicative</th>
<th>Cognitive</th>
<th>Physical Development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Developmental Surveillance:**

- Subjective Hearing - Parental observation/concerns
- Subjective Vision - Parental observation/concerns
- Other

**Immunizations:**

- Follow AAP/AAFP/CDC guidelines
- Immunizations reviewed
- Immunizations given & charted – if not given, document rationale
- IMPACTSIS checked/updated
- Acetaminophen ___ mg. q. 4 hours
- Labs done today

**Interval History:**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Percentile</th>
<th>Length</th>
<th>Percentile</th>
<th>HC</th>
<th>Percentile</th>
<th>Temp.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>BP (if risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Birth History:**

- Birth Wt.: _______ Gestation: _______

**Complications:**

- Vaginal
- C-Section
- Y
- N

<table>
<thead>
<tr>
<th>Patient Unclothed</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**Review of Systems:**

<table>
<thead>
<tr>
<th>N</th>
<th>A</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
</table>

**Physical Exam:**

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>Skin/nodes</th>
<th>Head/face/neck</th>
<th>Eyes</th>
<th>Ears</th>
<th>Nose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Neonatal Metabolic Screen in Chart:**

- Y
- N
- Test Date: _______

**Abnormal Findings and Comments:**

**Anticipatory Guidance/Health Education:**

- Safety
  - Appropriate car seat placed in back seat
  - Keep home and car smoke-free
  - Keep hot liquids away from baby
  - Don’t leave baby alone in tub or high places; always keep hand on baby
  - Water temp. <120 degrees/test with wrist
  - Never shake baby

- Nutrition
  - Hold baby when feeding
  - Breast on demand or feed iron-fortified formula
  - Delay solid foods until 4-6 months

- Infant Development
  - Put baby to sleep on back/Safe Sleep
  - Learn baby’s temperament/responses
  - Console, hold, cuddle, rock, play with baby
  - Talk, sing, play music, and read to baby
  - Tummy time while awake
  - Consistent feeding/sleep routines
  - Strategies to deal with fussy periods

- Family Adjustment
  - Encourage partner and other children (as appropriate) to help care for infant
  - Keep in contact with friends, family
  - Substance Abuse, Child Abuse, Domestic Violence Prevention
  - Discuss child care, returning to work, play group

- Parental Well Being
  - Family Planning
  - Take time for self and spend time alone with your partner

**Next Well Check:** 4 months of age

**Developmental Questions and Observations on Page 2**

**Provider Signature:**

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project.
WELL CHILD EXAM-INFANCY: 2 Months

Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes  No
☐  ☐  Please tell me any concerns about the way your baby is behaving or developing:

☐  ☐  My baby looks at me and listens to my voice.
☐  ☐  My baby quiets when picked up.
☐  ☐  My baby is sleeping well.
☐  ☐  My baby is eating well, sucking well.
☐  ☐  My baby makes cooing sounds.
☐  ☐  My baby lifts his/her head while on tummy.

Ask the parent to respond to the following statements:

Yes  No
☐  ☐  I am sad more often than I am happy.
☐  ☐  I have more good days with my baby than bad days.
☐  ☐  I have people who help me when I get frustrated with my baby.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool used _____________________________.)

<table>
<thead>
<tr>
<th>Infant Development</th>
<th>Parent Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coos and vocalizes reciprocally*</td>
<td>Looks at infant</td>
</tr>
<tr>
<td>Smiles responsively</td>
<td>Picks up and soothes infant or comforts baby effectively</td>
</tr>
<tr>
<td>Follows to midline</td>
<td>Are parent and baby interested in and responsive to each other?</td>
</tr>
<tr>
<td>Is attentive to voices, sounds, visual stimuli</td>
<td>Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable?</td>
</tr>
<tr>
<td>Some head control in upright position</td>
<td></td>
</tr>
<tr>
<td>Shows pleasure interacting w/parent</td>
<td></td>
</tr>
</tbody>
</table>

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2:

__________________________________________________________________________

__________________________________________________________________________

Staff Signature: ________________________________  Provider Signature: ________________________________
Your Child’s Health at 2 Months

Milestones

Ways your baby is developing between 2 and 4 months of age.
- Likes to look at and be with familiar people
- Shows excitement by waving arms and legs and smiles when you speak to her
- Eyes follow people and things
- Lifts head and shoulders up when lying on tummy
- Babbles and coos; smiles/laughs/squeals
- Likes toys that make sounds and tries to hold small toys
- Begins to roll from side to side

For Help or More Information:

Breastfeeding, food and health information:
- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women’s Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For families of children with special health care needs:
Bureau for Children with Medical Handicaps, ODH 1-800-755-4769 (Parents) Visit the Website at: http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Car seat safety:
- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: http://www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Depression after delivery:
For information on depression after childbirth visit this website: http://postpartum.net/ or call the Postpartum Support International Postpartum Depression helpline at 1.800.944.4PPD

If you’re concerned about your child’s development:
Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at http://www.ndvh.org/

Safety Tips
Preventing burns:
- Check to make sure the bath water is lukewarm, not hot, before you put your baby in the water.
- Avoid drinking hot coffee, hot tea, or other hot drinks while holding your baby.
- Keep your baby out of the sun. Dress your baby in a hat with a rim and clothes that cover the arms and legs.

Safety Tips

Use a rear-facing car seat for your baby on every ride. Buckle your baby up in the back seat, away from the air bag.

NEVER shake your baby. Shaking can cause very serious brain damage. Make sure everyone who cares for your baby knows this.

Health Tips

“Well Child” check-ups help keep your baby healthy. Try not to miss these doctor visits. If you do, call for another appointment.

Keep your baby’s immunization (shot) card in a safe place and bring it to every doctor or clinic visit.

Breast milk or formula is all that babies this age need to grow. Avoid giving juice to your baby at this age. Sometimes your baby will need to eat more often than other times. This means he is growing faster.

You can keep breastfeeding when you go back to work. For information on breastfeeding and working, talk to your doctor or nurse or call WIC or the La Leche League.

Keep your baby away from people who are smoking. No one should smoke in the car or other areas when your baby or other children are present. Tobacco smoke may cause your baby to be sick with breathing problems, ear infections, and may increase the chance of Sudden Infant Death Syndrome (SIDS).

Continue putting your baby to sleep on her back to lower the chance of SIDS. Make sure grandparents and other baby sitters also put your baby to sleep on her back.

Call your baby’s doctor or nurse before your next visit if you have any questions or concerns about your baby’s health, growth, or development.

Parenting Tips
Help your baby learn and grow by playing lovingly with him. Talk, read, and sing to your baby and look into her eyes. This helps your baby know you love her. It also helps her brain grow.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:
1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp) They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.