

Jessica Davis MD

The New Mom's Family Doctor
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Patient Name: _____ Date: _____ Age: _____
 Accompanied By: _____ Birthdate: _____

TWO to FOUR WEEK WELL CHILD VISIT

PARENT SECTION: Please check yes or no and fill in the blanks.

BIRTH HISTORY		DISCUSSION TOPICS
No	Yes	Were there any complications with the pregnancy or delivery? If yes, please explain? _____ My baby's birth weight was _____ He/she was born by c-section / vaginal delivery
Yes	No	Health problems affecting children run in my family (if yes, please explain) _____
GENERAL ISSUES		*****
Yes	No	Overall, I feel confident that my baby is doing well
No	Yes	I am having some baby blues
Yes	No	I have enough help with the baby
		Who lives with you and the baby? _____
No	Yes	Parenting is harder than I thought it would be
No	Yes	My baby is fussier than the average baby
FEEDING/SLEEPING		*****
No	Yes	I have questions about my baby's feeding My baby takes breast milk every ___ hrs, or _____ formula, ___ oz every ___ hrs
No	Yes	My baby has a problem with spitting up
Yes	No	I am satisfied with my baby's sleep schedule Longest sleep period: Daytime _____ Nighttime _____ How do you get your baby to sleep? Feeding / Rocking / Pacifier / Self / Other Where does your baby sleep? _____
VOIDING/STOOLING		*****
Yes	No	My baby pees and poops normally Per day: wet diapers _____ stool diapers _____
DEVELOPMENT		*****
No	Yes	I have questions about my child's development
Yes	No	My baby looks at my face
Yes	No	My baby moves both arms and legs equally
No	Yes	My baby feels too stiff or too floppy when I hold him/her
Yes	No	My baby responds to noises
PREVENTION		*****
No	Yes	My baby lives with someone who smokes cigarettes
Yes	No	I always keep my baby in a rear-facing car seat when driving.
Yes	No	My baby sleeps only on his/her side or back
Yes	No	I know how to take a temperature and treat a minor cold
No	Yes	I have questions about immunizations / shots
Yes	No	I have smoke detectors at home and test them regularly
Yes	No	My hot water heater is set to 120° F
No	Yes	Is there anything else you want to discuss today?

Perinatal risk factors
 GBS
 Breech

General questions
 Postpartum depression
 Exhaustion
 Parenting support
 Sibling, partner adjustment
 Infant temperament/colic

Continue breastfeeding
 Feed every 2-4 hours
 Normal vs. pathologic reflux
 Supine sleep position
 Safe sleep environment

Normal variation

Anticipate smiling, cooing
 Tummy time when awake
 Hearing screen

SIDS prevention
 Risk of tobacco exposure
 Smoking cessation
 No exceptions with car seat
 Call for fever over 100.4
 Smoke detector maintenance
 Burn and fall prevention
 Crib safety
 Never leave baby alone
 Injuries #1 cause of death