

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_



### ONE MONTH WELL CHILD CHECK

#### INTERVAL HISTORY

|   |
|---|
| Any changes in your family since last visit? <input type="checkbox"/> Move <input type="checkbox"/> Job change <input type="checkbox"/> Divorce <input type="checkbox"/> None <input type="checkbox"/> Other: |
| Any relatives diagnosed with new medical issues since last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:   |

#### DEVELOPMENTAL / BEHAVIORAL / SENSORY SURVEILLANCE

|   |
|---|
| Are you concerned about your baby's vision? <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| Mark each task that your baby is able to do.<br><input type="checkbox"/> Able to calm when upset <input type="checkbox"/> Recognize your voice <input type="checkbox"/> Lifts head when on tummy <input type="checkbox"/> Follows you with eyes <input type="checkbox"/> Smiles |
| Any other concerns about how your baby is growing, learning, or acting?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, describe:  |

#### TUBERCULOSIS RISK ASSESSMENT

|  |  |
|--|--|
| Has your child had contact with anyone with tuberculosis or a positive PPD test?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Was your child born in a country where tuberculosis is prevalent (outside the US)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Has your child traveled (>1 week) to a country at high risk of tuberculosis?       | <input type="checkbox"/> No <input type="checkbox"/> Yes |

#### MATERNAL DEPRESSION SCREEN

**Since your baby's birth, how often have you been bothered by the following?**

|  |   |
|--|---|
| Little interest or pleasure in doing things: | <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> >half the days <input type="checkbox"/> Nearly every day |
| Feeling down, depressed, or hopeless:        | <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> >half the days <input type="checkbox"/> Nearly every day |

#### ANTICIPATORY GUIDANCE:

- Don't forget to go for a postpartum check-up. Seek help if you feel sad for more than a few days.
- Make a routine each day for feeding, bathing, sleeping, and playing.
- Continue having your baby sleep on the back, in a crib, and keep toys, comforters, pillows out of crib.
- Do tummy time when baby is awake and you are able to be there to watch.
- Crying is normal. When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- Don't shake your baby! If you are upset, keep your baby in a safe place and call for help.
- Use a rear-facing car safety seat in all vehicles. Do not smoke in house or in car.
- Do not put necklaces or bracelets on baby, due to risk of choking
- If you are breastfeeding, supplement your baby's diet with 400 IU vitamin D supplement.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry (sucking hand, fussy) feed more.