BlueCross BlueShield of Texas
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Name:_____ DOB: _____ Actual Age: _____

Language Spoken_____ Interpreter Name _____

Date: _____

5-6 MONTHS

NURSING INTAKE

Height: Weight: H.C.: Temp.: Pulse: Resp.:

Allergies: Growth Charts Completed: [ ]

Abuse: Notes:

Alternate health care provider: MA Signature

INTERVAL HISTORY Breastfeed or Bottle

Diet: Has WIC: Yes / No

Illnesses:

Accidents:

Sleep position:

Stools: Meds/Vits:

Physical activity:

Exposure to tobacco smoke: TB Risk: Yes / No

GROWTH-DEVELOPMENT:

[ ] No head lag when pulled to sitting
[ ] Reaches for objects
[ ] Bears weight on legs
[ ] Orients to bell
[ ] Rolls both ways
[ ] Sits briefly alone
[ ] Gums, teeths objects
[ ] Babbles

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance [ ] Well nourished and developed
[ ] No abuse/neglect evident
Head [ ] Symmetrical, A.F. open _____ cm
Eyes [ ] Conjunctivae, sclerae, pupils normal
[ ] Red reflexes present
[ ] Appears to see [ ] No strabismus
Ears [ ] Canals clear, TMs normal
[ ] Appears to hear
Nose [ ] Passages patent
Mouth & pharynx [ ] Normal color, no lesions
Neck [ ] Supple, no masses palpated

Teeth [ ] Grossly normal
Heart [ ] No murmurs, regular rhythm
Lungs [ ] Breath sounds normal bilaterally
Abdomen [ ] Soft, no masses, liver & spleen normal
Genitalia [ ] Normal appearance
Male [ ] Testes in scrotum, circ./uncirc.
Female [ ] No lesions, nl. external appearances
Hips [ ] Good abduction, leg length equal
Femoral pulses [ ] Present and equal
Extremities [ ] No deformities, full ROM
Skin [ ] Clear, no significant lesions
Neurologic [ ] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [ ] Vaccine reactions, risks and follow-up explained / VIS sheets given.

[ ] DTaP
[ ] IPV
[ ] Hib
[ ] Hep B
[ ] Rotavirus
[ ] Fluoride varnish application
[ ] Influenza vaccine (after 6 months)
[ ] WIC Referral
[ ] PPD (if indicated)
[ ] Prevnar
[ ] Immunization registry entry
[ ] Nutritional assessment
[ ] Rx for fluoride .25/.50 mg QD, refill till age 2
[ ] Iron supplement (if indicated)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Intro. Solids at 5 mos (rice cereal, vegs. & fruit), solids 1 new/week, start with iron-rich, no cow's milk yet, breast feeding, formula

Behavior: Begins to sit and crawl, discrimination of people. Education on Fluoride varnish treatment

Injury & Violence prevention: Smoke detector, poisoning risk, drug and toxic chemical storage, poison center phone number, lead poisoning prevention, gun lock.

Childproofing: Safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp., choking prevention, sleeping position

Guidance: Consistent sleep schedule, teething and tooth care, blocks, repetitive games, no bottle recumbent, parent smoking, no aspirin use, sun screen, infant vs. toddler car seat, infant care (bathing, skin, clothing), childcare plan.

[ ] Refer to appropriate agency.

Next appointment [ ] 2 months or_____ Signature _____Date_____