



2 Month Well Exam

Name

DOB

Room

Notes

Birth Weight	T	Edinburgh
Weight Today	HR	
Length	RR	
OFC	O2	

Nutrition

What type of milk does your baby drink?	Breast Milk	Formula
Does your baby take Vitamin D daily?	Yes	No
Does your baby sweat excessively or turn blue/pale with feeding?	No	Yes

Development

Do you feel that your baby sees well?	Yes	No
Do you feel that your baby hears well?	Yes	No
Can your baby lift his/her head?	Yes	No
Can your baby put his/her hands in his/her mouth?	Yes	No
Does your baby smile and coo?	Yes	No

Safety

In what position does your baby sleep?	Back	Side/Tummy
Do you use a rear-facing carseat for your baby?	Yes	No
Any smokers at home?	No	Yes
Do all family members have an up-to-date Tdap vaccine?	Yes	No

Followup D/W/M

Reason:

EHR