



4 Month Well Exam

Name

Room

Notes

Weight

T

Edinburgh

Length

HR

OFC

RR

O2

Nutrition

What type of milk does your baby drink?

Breast Milk

Formula

Does your baby take Vitamin D daily?

Yes

No

Sleep

Does your baby sleep through the night?

Yes

No

Development

Do you feel that your baby sees well?

Yes

No

Do you feel that your baby hears well?

Yes

No

Does your baby laugh, smile and babble?

Yes

No

Can your baby lift his/her head while on his/her tummy?

Yes

No

Is your baby beginning to roll?

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

Followup

D/W/M

Reason:

EHR