Comprehensive Health Assessment

3 to 4 Months Old	Actual Age:	Date:
Medical Record #		
Gender	☐Male ☐Female	
Accompanied by	☐Mother ☐Father ☐Other:	
Primary Language		
Interpreter Requested	☐Yes ☐No ☐Refused	
Name of Interpreter		

Intake		Vital Signs	
Allergies		Temp	
Height		Pulse	
Weight		Resp	
Head Circumference			
Pain	Location: Scale: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10		

Chronic Problems/Significant Conditions: ☐ See Problem List

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease	☐ HTN	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 YO
☐ Other:		
Psychosocial & Behavioral Assessment, Family/ Social Factors	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ Family stressors (mental illness, drugs, violence/abuse)	
Lives with	☐ 1 Parent ☐ 2 Parents ☐ Other:	

Name: DOB:

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	☐ H&P, ☐ Other:	☐	☐
Maternal Depression	☐ EPDS, ☐ PHQ-9, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ H&P, ☐ Other:	☐	☐
Intimate Partner Violence	☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Psychosocial / Behavioral	☐ PSC, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ H&P, ☐ Other:	☐	☐

Growth and Development		
☐ Head steady when sitting	☐ Squeals or coos	☐ Orients to voices
☐ Eyes follow 180°	☐ Rolls form stomach to back	☐ Brings hands together
☐ Grasps rattle	☐ Gums objects	☐ Laughs aloud

Physical Examination		WNL
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction, leg lengths equal	☐
Femoral pulses	Present and equal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Name: DOB:

Assessment

Plan

Referrals

☐ WIC	☐ Dietician / Nutritionist	☐ Audiologist
☐ Maternal Behavioral Health	☐ Optometrist / Ophthalmologist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ COVID 19 vaccine	☐ Influenza vaccine	☐ CBC / Basic metabolic panel
☐ DTaP	☐ IPV	☐ Hct / Hgb
☐ Hep B vaccine (if not up to date)	☐ PCV	☐ PPD skin test ☐ QFT
☐ Hib	☐ Rotavirus	☐ ECG ☐ COVID 19 test
☐ DTaP	☐ IPV	☐ Iron-fortified formula ☐ Iron supplements
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed)

Diet, Nutrition & Exercise

☐ Breastfeeding / formula	☐ No cow's milk	☐ No honey until 1 year old
☐ Feeding position	☐ No bottle in bed	☐ Signs of hunger

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Childcare plan
☐ Signs of maternal depression	☐ Choking hazards	☐ Rolling
☐ Family support, social interaction & communication	☐ Storage of drugs / toxic chemicals	☐ Family spacing
☐ Effects of passive smoking	☐ Matches / burns	☐ Sibling and family relationships
☐ Skin cancer prevention	☐ Violence prevention, gun safety	☐ Physical growth
☐ Sleeping position	☐ Poison control phone number	☐ Reaching for objects
☐ No bottle in bed	☐ Smoke detector	☐ Bathing
☐ Falls	☐ Hot water temp < 120° F	☐ Bedtime
☐ Minor illness care	☐ Drowning / pool fence	☐ Teething

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	☐ Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)