

ELMWOOD PEDIATRIC GROUP

WELL BABY VISIT - HEALTH HISTORY

Newborn 2 month 4 month 6 month 9 month 1 year 15 month 18 month 2 year

FEEDING

Breast _____ # feedings / 24 hours

Bottle _____ # ounces / 24 hours

Type of formula or milk _____ Uses cup? yes no

Solids strained table food # meals per day _____

cereals fruits vegetables meats other? _____

SLEEP

Baby sleeps _____ hours per night. Sleeps on his/her back? yes no

Sleeps through the night? yes no Number of naps per day? _____

Sleeps in bassinet crib with parents other _____

ELIMINATION

stools per 24 hours _____ soft hard

wet diapers 24 hours _____

SOCIAL

Mom working outside the home? yes no full-time part-time

Dad working outside the home? yes no full-time part-time

Childcare used? no yes daycare center babysitter relative _____

DEVELOPMENTAL

Has your child reached the Developmental Milestones on the anticipatory guidance sheet for this age? yes no, my child has not: _____

Please list any medications the baby is taking regularly :

Does your child have any allergies? no yes (list) _____

Please list questions you would like answered by your health care provider today:

1.

2.

3.