



Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
5 year Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History:

Diet:

Elimination:

Sleep:

Parental Concerns:

<u>Development</u>	Draws 6 part man
Skips/walks on tiptoes	Defines some words
Heel-toe walk	Knows 2-3 opposites
Balances on one foot	Dresses/undresses self
Rides bike with training wheels	Speaks with good articulation
Prints some letters & #	Able to listen/attentive
Copies square & triangle	Dramatic play
Plays cooperatively	Knows colors
Plays games	Counts to 10

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %      Wt: \_\_\_\_\_ / \_\_\_\_\_

Vital Signs: \_\_\_\_\_ UA: \_\_\_\_\_ Hgb: \_\_\_\_\_

Lead Risk Factor: Y/N      TB Risk Factors: Y/N      Cholesterol Risk Factors: Y/N

Hearing: R \_\_\_\_\_ L \_\_\_\_\_      Amblyopia: Pass/Fail      Visual Activity: R \_\_\_\_\_ L \_\_\_\_\_

Physical Exam:      o = WNL      √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT
Eyes	PERRLA, Red Reflex WNL, EOMI, conjugate gaze
Ears	TM WNL
Nose	Patent
Mouth/Throat	Oral cavity, Dentition WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended
Musculoskeletal	FROM, Normal gait, Normal spine
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

4. Anticipatory Guidance

P: 1. Immunizations-Risk and benefits discussed  
Given:  
1. RTC:  
2. Parents verbalize understanding of plan of care  
Parent handouts given  
3. Other

<u>Safety</u>	<u>Health promotion</u>
Seat belt	Tooth brush and floss
Bike helmet	Dental appointment
Smoke free	Sexual curiosity
Home hazards	<u>Behavior</u>
Stranger aware	Discipline/Chores
Proper supervision	Physical activity
Street/Playground Safety	School issues/ kindergarten readiness
Sunscreen	Peer relationships
Firearms	Reach Out and Read
	<u>Health/Illness</u>
<u>Nutrition</u>	5 or 6yr development
Planned meals	Immunization UTD
Avoid junk food	Family exercise program

Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
4 year Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History:

Diet:

Elimination:

Sleep:

Parental Concerns:

<u>Development</u>	
Speaks full sentences of 6 or more words	May not differentiate reality from fantasy
Balances on foot/hops	Bowel & bladder trained
Pedals tricycle	Hops on one foot
Recognizes some alphabet	Fully intelligible to others
Draws a person 3-6 parts	Asks "why, when"
Cuts with scissors	Waits for turn, shares
Complex pretend play	Stacks at least 8 blocks
Draws a circle and cross	Able to dress self

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ % Wt: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Lead Risk Factor: Y/N TB Risk Factors: Y/N

Hearing: R \_\_\_\_\_ L \_\_\_\_\_ Amblyopia: Pass/Fail Visual Activity: R \_\_\_\_\_ L \_\_\_\_\_

Physical Exam: o = WNL √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT
Eyes	PERRLA, Red Reflex WNL, EOMI
Ears	TM WNL
Nose	Patent
Mouth/Throat	Oral cavity, Dentition WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended
Musculoskeletal	FROM, Normal gait, Normal spine
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

4. Anticipatory Guidance

P: 1. RTC:  
2. Parents verbalize understanding of plan of care  
Parent handouts given  
3. Other \_\_\_\_\_

<u>Safety</u>	<u>Oral care</u>
Bicycle safety	Dental hygiene
Car restraints	Dental appointment
Water safety	<u>Family Issues</u>
Strangers	<u>Behavior</u>
Teach 911	Discipline
Home safety- tools, matches, poisons, firearms	Opportunities to play with peers
Smoke free environment	<u>Health/Illness</u> Reach Out and Read
<u>Nutrition</u>	4-5yr development
Poor appetite	Immunization-complete
Food lags	Family exercise program

\_\_\_\_\_  
Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
3 year Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

Development	
Jumps in place	Pretend play
Kicks ball	75% intelligible speech
Walks up stairs with alternating gait	Asks questions "what's that, why"
Pedals tricycle	Knows age, name, sex
Scribbles	Speaks in sentences
Stacks at least 8 blocks	Enjoys interactive play
Puts on some clothing	Copies a circle

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %    Wt: \_\_\_\_\_ / \_\_\_\_\_ %    HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Lead Risk Factor: Y/N                      TB Risk Factors: Y/N

Hearing: R \_\_\_\_\_ L \_\_\_\_\_                      Amblyopia: Pass/Fail

Physical Exam:                      o = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT
Eyes	PERRLA, Red Reflex WNL, EOMI
Ears	TM WNL
Nose	Patent
Mouth/Throat	Oral cavity, Dentition WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended
Musculoskeletal	FROM, Normal gait
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

4. Anticipatory Guidance

P: 1. RTC:  
2. Parents verbalize understanding of plan of care  
    Parent handouts given  
3. Other \_\_\_\_\_

Resident

Safety	Oral care
Proper Car Seat	Dental hygiene
Smoke free	Dental appointment
Water safety	Sexual-curiosity
Strangers	<u>Behavior</u>
Sunscreen	Sleep patterns
Firearms safety	Stuttering
Supervision outside	Toilet training
<u>Nutrition</u>	<u>Health/Illness</u>
Balanced diet	3-4yr development
Junk food	Immunization-complete
<u>Family Issues</u>	Reach Out and Read

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
24 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<u>Development</u>	
Walks up & down stairs alone	100 words
Opens doors	2-3 word sentences
Runs	Knows body parts
Throws overhand	Refers to self by name
Uses spoon and cup well	Parallel play
Stacks 5-6 blocks	Multi-stage pretend play
Scribbles	Listens to short stories
Follows 2 part directions	

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %      Wt: \_\_\_\_\_ / \_\_\_\_\_ %      HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Lead Risk Factor: Y/N      TB Risk Factors: Y/N

Physical Exam:      o = WNL      √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT
Eyes	PERRLA, Red Reflex WNL, EOMI
Ears	TM WNL
Nose	Patent
Mouth/Throat	Oral cavity, Dentition WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended
Musculoskeletal	FROM, Equal leg lengths
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

- A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

4. Anticipatory Guidance

- P: 1. RTC:  
2. Parents verbalize understanding of plan of care  
    Parent handouts given  
3. Other \_\_\_\_\_

Resident

<u>Safety</u>	<u>Toddler Care</u>
Proper Car Seat	Tooth brushing
Smoke free	Dental appointment
Smoke detector	Sexual-curiosity
Home safety	<u>Behavior</u>
Sunscreen	Discipline
Firearms safety	Limit TV
Storage of chemicals/toxins	Toilet training
Poison control #	Language development
<u>Nutrition</u>	Parallel play
Planned meals/snacks	<u>Health/Illness</u>
Mealtime behavior	Reach Out and Read
	2-3yr development
<u>Family Issues</u>	Immunization-complete

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
18 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<u>Development</u>
Walks, rarely falls
Climbs into chair
Walks upstairs with help
Stacks blocks
Identifies some pictures in books
Uses open cup, spoon
4-10 words
Knows 1-2 body parts
Pretend play

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ % Wt: \_\_\_\_\_ / \_\_\_\_\_ % HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Physical Exam:      ○ = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, Fontanelle WNL
Eyes	PERRLA, Red Reflex WNL, EOMI
Ears	TM WNL
Nose	Patent
Mouth/Throat	Oral cavity, Dentition WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended
Musculoskeletal	FROM, Equal leg lengths
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

- A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

- P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_

Next Scheduled: \_\_\_\_\_

2. RTC:  
3. Parents verbalize understanding of plan of care  
    Parent handouts given  
4. Other \_\_\_\_\_

\_\_\_\_\_  
Resident

<u>Safety</u>	<u>Toddler Care</u>
Proper Car Seat	Tooth brushing
Smoke free	Regular bedtime
Home hazards	<u>Behavior</u>
Sunscreen	Language development
Firearms safety	Limit TV
<u>Nutrition</u>	Nightmares
Planned meals/snacks	Simple discipline
Mealtime behavior	Toilet training
<u>Family Issues</u>	<u>Health/Illness</u>
	18-24mo development
	Immunization
	Reach Out and Read

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
15 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %      Wt: \_\_\_\_\_ / \_\_\_\_\_ %  
HC: \_\_\_\_\_ / \_\_\_\_\_ %

Development
3-6Mama, dada
Stoops and recovers
Indicates wants
Listens to story, points to picture
Throws ball overhead
Walks alone
Crawls upstairs/climbs
Tower of 2 blocks
Uses cup, no spout
Follows simple directions
Scribbles
Pincer grasp

Vital Signs: \_\_\_\_\_

Physical Exam:      o = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, Fontanelle WNL
Eyes	PERRLA, Red Reflex WNL, EOMI
Ears	TM WNL
Nose	Patent
Mouth/Throat	Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended
Musculoskeletal	FROM, Equal leg lengths
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_

Next Scheduled: \_\_\_\_\_

2. RTC:  
3. Parents verbalize understanding of plan of care  
Parent handouts given  
4. Other \_\_\_\_\_

Safety	Toddler Care
Home hazards	Tooth brushing
Smoke free	No bottle
Burns	<u>Behavior</u>
Car seat	Discipline
<u>Nutrition</u>	Reach Out and Read
Self feeding	<u>Family Issues</u>
Quantity	<u>Health/Illness</u>
Decreased rate of wt. gain	15-18mo development
Variety	Immunization

Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
12 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

Development
Mama, dada specific
2-3 words
Drinks from cup/spout
Looks at pictures
Variety of actions with toys (pulls, pokes, squeezes)
Peek-a-boo/pat-a-cake
Cruises

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %    Wt: \_\_\_\_\_ / \_\_\_\_\_ %    HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Hgb: \_\_\_\_\_    TB Risk Factors: Y/N    Lead Risk Factors: Y/N

Physical Exam:    o = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, Fontanelle WNL
Eyes	PERRLA, Red Reflex WNL, Full EOM, Cover/Uncover WNL
Ears	TM WNL
Nose	Patent
Mouth/Throat	Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended, Circ
Musculoskeletal	FROM, Equal leg lengths
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

- A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

- P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_  
Next Scheduled: \_\_\_\_\_  
2. RTC:  
3. Parents verbalize understanding of plan of care  
Parent handouts given  
4. Other

Safety	Toddler Care
Car seat	Tooth brushing
Passive smoke	Baby bottle tooth decay
Storage of drugs and toxic chem.	<u>Behavior</u>
Choke hazards	Reach Out and Read
<u>Nutrition</u>	discipline
Weaning from bottle/breast	Language development
Planned meals/snacks	<u>Family Issues</u>
Self feeding	<u>Health/Illness</u>
Cup	12-15mo development
Whole milk	Immunization

\_\_\_\_\_  
Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
9 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<u>Development</u>
Sits well
Pulls to stand
Finger-thumb grasp
Feeds self
Babbling/imitates vocalization
Understands a few words
Peek-a-boo/pat-a-cake
Waves bye-bye
Responds to name
Stranger anxiety

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %      Wt: \_\_\_\_\_ / \_\_\_\_\_ %      HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Hgb: \_\_\_\_\_ TB Risk Factors: Y/N      Lead Risk Factors: Y/N

Physical Exam:      o = WNL      √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, Fontanelle WNL
Eyes	PERRLA, Red Reflex WNL, Full EOM, Cover/Uncover WNL
Ears	TM WNL
Nose	Patent
Mouth/Throat	Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended, Circ
Musculoskeletal	FROM, Equal leg lengths
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

- A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

- P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_

Next Scheduled: \_\_\_\_\_

2. RTC:  
3. Parents verbalize understanding of plan of care  
Parent handouts given  
4. Other \_\_\_\_\_

<u>Safety</u>	<u>Infant Care</u>
Choking	Shoes
Smoke Free	<u>Behavior</u>
Poison Prevention	Limits
<u>Nutrition</u>	<u>Health/Illness</u>
Table foods	9-12mo development
Aspiration risk	Immunization
<u>Family Issues</u>	Reach Out and Read

\_\_\_\_\_  
Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
6 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<u>Development</u>
Sits with support
Reaches, grasps objects
Transfers objects
Raking movement with hand
Localizes sounds
Takes initiative in vocalizing
Squeals
Rolls
Spontaneous smile

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ % Wt: \_\_\_\_\_ / \_\_\_\_\_ % HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Physical Exam:      o = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, Fontanelle WNL
Eyes	PERRLA, Red Reflex WNL, Full EOM, Cover/Uncover WNL
Ears	TM WNL
Nose	Patent
Mouth/Throat	Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended, Circ
Musculoskeletal	FROM, Equal leg lengths, Hips abduct symmetrically
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

- A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

- P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_

Next Scheduled: \_\_\_\_\_

2. RTC:  
3. Parents verbalize understanding of plan of care  
    Parent handouts given  
4. Other \_\_\_\_\_

5. Anticipatory Guidance

<u>Safety</u>	<u>Infant Care</u>
Car Seat	Oral care
Choking	<u>Behavior</u>
Smoke Free	Separation Anxiety
Poison Prevention	No bottles in bed
Gate	Cup
<u>Nutrition</u>	Reach Out and Read
Advancing Solids	<u>Health/Illness</u>
Breastfeeding	6-9mo development
Formula with Fe	Immunization
Fluoride	<u>Family Issues</u>

Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
4 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<u>Development</u>
Raises head in prone 90°
Follows 180°
Reaches, bats at objects
Hands together at midline
Briefly holds rattle
Blows bubbles, makes raspberry sound
Responsive smile/laugh
Rolls front to back
Sits, head steady

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ %    Wt: \_\_\_\_\_ / \_\_\_\_\_ %    HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

**Physical Exam:**    o = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, Fontanelle WNL
Eyes	PERRLA, Red Reflex WNL
Ears	External WNL, TM's WNL, Canals clear
Nose	Patent
Mouth/Throat	Palate Intact, Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended, Circ
Musculoskeletal	FROM, Equal leg lengths, -Ortolani/-Barlow
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_  
Next Scheduled: \_\_\_\_\_  
2. RTC:  
3. Parents verbalize understanding of plan of care  
    Parent handouts given  
4. Other \_\_\_\_\_

<u>Safety</u>	<u>Infant Care</u>
Car Seat	
Small objects	<u>Behavior</u>
Smoke Free	Reach Out and Read
Falls	<u>Family Issues</u>
Walker/jumper	
Sun exposure	
<u>Nutrition</u>	<u>Health/Illness</u>
Introduction of Solids	4-6mo development
Breastfeeding	Immunization
Formula	Tylenol

Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
2 Month Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<b>Development</b>
Raises head in prone 45°
Smiles, coos
Moro +, TNR +
Placing/stepping -
Responds to noise/sound
Grasps objects
Follows past midline
Holds head erect briefly

O: Ht: \_\_\_\_\_ / \_\_\_\_\_ % Wt: \_\_\_\_\_ / \_\_\_\_\_ % HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

**Physical Exam:** ○ = WNL √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, AFSF
Eyes	PERRLA, Red Reflex WNL
Ears	External WNL, TM's WNL, Canals clear
Nose	Patent
Mouth/Throat	Palate Intact, Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass
GU	WNL female/male, Testes descended, Circ
Musculoskeletal	FROM, Equal leg lengths, -Ortolani/-Barlow
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

P: 1. Immunizations-Risks and benefits discussed  
Given: \_\_\_\_\_

Next Scheduled: \_\_\_\_\_

2. RTC:
3. Parents verbalize understanding of plan of care  
Parent handouts given
4. Other: \_\_\_\_\_

<u>Safety</u>	<u>Infant Care</u>
Car Seat	
Sleep Position	<u>Behavior</u>
Smoke Free	Sleep/Wake
Falls	Bedtime Routine
<u>Family Issues</u>	Age-appropriate toys
Child Care	<u>Health/Illness</u>
Return to Work	2-4mo development
Sibling Adjustment	Immunization
<u>Nutrition</u>	Tylenol
Future Solids	Fever
Feeding	Reach Out and Read

Resident

Creighton Family Healthcare - Florence Clinic  
7909 N. 30<sup>th</sup> St. Omaha, NE 68106  
2 Week Health Care Supervision

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

S: Interval History: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: \_\_\_\_\_

Sleep: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

<u>Development</u>
Raises head when prone
Reacts to sound
Regards face
Blinks at bright light
Cuddles
Flexed body posture
Follows objects past midline

O: Birth Wt: \_\_\_\_\_ / \_\_\_\_\_ % Ht: \_\_\_\_\_ / \_\_\_\_\_ % Wt: \_\_\_\_\_ / \_\_\_\_\_ % HC: \_\_\_\_\_ / \_\_\_\_\_ %

Vital Signs: \_\_\_\_\_

Physical Exam:      o = WNL    √ = Abnormal

General Appearance	Non-Toxic, Alert, NAD
Head	NCAT, AFSF
Eyes	PERRLA, Red Reflex WNL
Ears	External WNL, TM's WNL, Canals clear
Nose	Patent
Mouth/Throat	Palate Intact, Pharynx and Oral Cavity WNL
Neck	No LAD
Cardiovascular	RRR No Murmur, Equal Pulses
Chest/Lungs	Symmetric, CTAB
Abdomen	SNTND, No HSM, No Mass, Umbilical stump
GU	WNL female/male, Testes descended, Circ
Musculoskeletal	FROM, Equal leg lengths, -Ortolani/-Barlow
Neurological	WNL Tone, Strength, Reflexes for Age
Skin	WNL Color, Turgor

- A: 1. Growth and Development WNL  
2. Other: \_\_\_\_\_

5. Anticipatory Guidance

- P: 1. Immunizations at next visit  
    Risk and benefits discussed  
2. RTC:  
3. Parents verbalize understanding of plan of care  
    Parent handouts given  
4. Other \_\_\_\_\_

<u>Safety</u>	<u>Infant Care</u>
Car Seat	Thermometer Use
Sleep Position	Elimination
Hot Water <120	No Honey
Smoke Free	Circumcision Care
No bottle prop	Umbilical Stump
Smoke Detector	<u>Behavior</u>
Shaken Baby	Sleep/Wake
CO Detector	Crying
<u>Nutrition</u>	<u>Health/Illness</u>
Feeding	0-2mo development
Supplements	Immunization
Vit. D for BF	S/S of Illness
<u>Family Issues</u>	Fever
Child Care	Reach Out and Read

\_\_\_\_\_  
Resident