

FULL SCREEN (I-X)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	HEARING SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
PARTIAL SCREEN (1-V)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	VISION SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
DEVELOPMENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	DENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>

III. ANTICIPATORY GUIDANCE (Check at least 1 item in this category)

<input type="checkbox"/> Thumb-sucking/Pacifier	<input type="checkbox"/> Rolling over and falls	<input type="checkbox"/> Acetaminophen dose	COMMENTS
<input type="checkbox"/> Crying	<input type="checkbox"/> Sleeping on back	<input type="checkbox"/> Parental smoking	
<input type="checkbox"/> Parent-child interaction	<input type="checkbox"/> Crib safety <input type="checkbox"/> Co-sleeping	<input type="checkbox"/> Colic	
<input type="checkbox"/> Father's role	<input type="checkbox"/> Water heater temperature (<130 F)	Feeding:	
<input type="checkbox"/> Sibling rivalry	<input type="checkbox"/> Sun Exposure	<input type="checkbox"/> Iron/Vitamins	
<input type="checkbox"/> Reading to child	<input type="checkbox"/> Car seats	<input type="checkbox"/> Breast-feeding support	
<input type="checkbox"/> Stimulation-mobiles, safe toys	<input type="checkbox"/> Smoke detector	<input type="checkbox"/> Bottle-propping	
	<input type="checkbox"/> Ipecac	<input type="checkbox"/> Intro to new foods	

IV: LAB/IMMUNIZATIONS: Labs: _____

Immunizations given today: _____

UTD Written information given Consent signed (Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

V. LEAD SCREEN N/A for this age.

VI. DEVELOPMENT PERSONAL-SOCIAL AND LANGUAGE: **Parents as teachers referral** (Check at least 1 item in this category)

Minimal Skills	Emerging Skills	COMMENTS
<input type="checkbox"/> Regards face	<input type="checkbox"/> Regards own hand <input type="checkbox"/> Recognizes parents	
<input type="checkbox"/> Responds to voice/bell	<input type="checkbox"/> Attends to voice	
<input type="checkbox"/> Vocalizes-R	<input type="checkbox"/> Laughs/squeals-R	
<input type="checkbox"/> Spontaneous Smile	<input type="checkbox"/> Social Smile	
<input type="checkbox"/> Responsive smile	<input type="checkbox"/> Reciprocal vocalization - R	

VII. FINE MOTOR/GROSS MOTOR: (Check at least 1 item in this category)

Minimal Skills	Emerging Skills	COMMENTS
<input type="checkbox"/> Equal movements	<input type="checkbox"/> Follows past midline <input type="checkbox"/> Head steady in sitting position	
<input type="checkbox"/> Follows to midline	<input type="checkbox"/> Lifts head and chest off table	
<input type="checkbox"/> Lifts head 45 degrees while prone-R	<input type="checkbox"/> No longer clinches fists <input type="checkbox"/> Bears weight on legs tightly	

VIII. HEARING: (Check at least 1 item in this category)

- Passed Newborn hearing screen
- Parental perception of hearing
- Awakes to loud noise
- Head turning with noise
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- ERA/ABR screen for infant in tertiary care > 5 days
- Family history of hearing disorders
- PMHx: NICU admission/ ear infection/ head injury/ congenital anomalies/ meningitis/ mumps/ cerebral palsy

COMMENTS

IX. VISION: (Check at least 1 item in this category)

- Parental perception of vision
- Observation for
 - blinking Tear glands begin to function
 - pupillary response Follows objects across midline
 - red reflex Smiles responsively
 - tracking ocular movement
- Family history of visual disorders
- PMHx: NICU admission/ prolonged oxygen administration
- Note: Misalignment normal in first six months

COMMENTS

X. DENTAL: Baby bottle tooth decay syndrome Normal tooth eruption times

COMMENTS

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE _____ DATE _____