

4 month check

Baby's Name _____

(please circle all that apply)

My baby eats/ drinks:

breastmilk milk-based formula soy formula other

My baby is having problems with:

pooping sleep

My baby:

laughs stands in my lap sits upright if I hold trunk

My baby:

Puts hands in mouth a lot grabs things

My child has seen the following specialist since our last visit: _____

My baby:

is with a parent full - time has sitter/ nanny/ daycare

We are using:

sunscreen multivitamin juice suppositories

Did your baby have any problems with the 2 month vaccines?

no yes not vaccinating

I have reviewed the Vaccination Information Sheet and would like to do the following:

Pentacel (DTaP, Polio, Hib combo)

Prevnar (meningitis/pneumonia)

Rotateq (rotavirus - Severe diarrheal illness-this vaccine is oral, not a shot)

The insurance I have is through:

work the state health care exchange

Are there any recent or upcoming changes for the family (moves, births, etc.)?

Do you have any questions or concerns? (if yes, please list)