New Jersey Department of Health
CHILD HEALTH CONFERENCE – HEALTH ASSESSMENT
INFANCY: 4 Months

DATE: _____

Child's Name	Date of Birth
Allergies	Birth Weight

Illnesses/Injuries/Problems/Concerns	Current Medications

RN:

SUBJECTIVE

Y	N	
☐	☐	My baby reaches for objects and can hold them
☐	☐	My baby rolls or tries to roll over from tummy to back
☐	☐	My baby can see and hear
☐	☐	My baby is sleeping well
☐	☐	My baby is eating and growing well
☐	☐	My baby can hear sounds
☐	☐	I am concerned that I have frequent times of sadness

Diet: ☐ Breast Milk ☐ Formula

Feedings: Amount: _____ Frequency: _____

☐ Vitamin Supplements
☐ Newborn Hearing Screening Results
☐ Review Immunization Record
☐ WIC Referral

Elimination: _____
Sleep: _____
Other: _____

HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (CHECK ALL COMPLETED)

☐ Family Planning	☐ No Bottle in Bed
☐ Development	☐ Sleeping on Back
☐ Infant Bond	☐ Shaken Baby Syndrome
☐ Passive Smoke	☐ Fever Protocols
☐ Appropriate Car Seat	☐ Child Care Issues
☐ Safety (general)	☐ Oral Health Care
☐ Crib Safety	☐ Honey Restrictions
☐ Feeding/Colic	

☐ Other: _____

OBJECTIVE: SCREENING

WEIGHT KG/LB PERCENTILE:	HEIGHT CM/IN PERCENTILE:	HEAD CIR. PERCENTILE:

	N	A	
Hearing	☐	☐	_____
Vision	☐	☐	_____
Development	☐	☐	_____
Behavior	☐	☐	_____
Social/Emotional	☐	☐	_____
Gross Motor	☐	☐	_____
Fine Motor	☐	☐	_____

APN/PA/MD/DO:

SUBJECTIVE

☐ Review of Family History

_____
_____
_____
_____

☐ Review of Systems

_____
_____
_____
_____
_____
_____

OBJECTIVE: PHYSICAL

	N	A		N	A
General Appearance	☐	☐	Lungs	☐	☐
Skin	☐	☐	Chest	☐	☐
Head/Fontanels	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Dental Structure/Tongue	☐	☐	Neurological	☐	☐
Mental Health	☐	☐			

ASSESSMENT (Problem List)

_____
_____

PLAN

_____
_____
_____

REFERRALS

_____
_____

APN/PA/MD/DO SIGNATURE:

RN ASSESSMENT:	RN PLAN:	REFERRALS:
RN SIGNATURE:		

NEXT VISIT: 6 MONTHS OF AGE

IMMUNIZATIONS: ☐ Given ☐ Up to date

Additional notes on reverse side➔

ADDITIONAL NOTES