

CHRONOLOGICAL RECORD OF WELL-BABY CARE

For use of this form, see AR 40-66; the proponent agency is the Office of the Surgeon General

SIGNIFICANT NEONATAL HX	DOB (YYYYMMDD)	WEIGHT	HEIGHT	PKU
DATE OF VISIT (YYYYMMDD)				
AGE		2 weeks		2 months
WEIGHT				
HEIGHT				
HEAD CIRCUMFERENCE				
SUBJECTIVE (HISTORY)	Prenatal Hx:		Breast / Formula _____	
1. FEEDING	Family Hx:		Stools/Day _____ Voids _____	
2. FORMULA/BREAST	Breast / Formula _____		Looks at face _____ Coos _____	
SOLIDS	Stools/Day _____ Voids _____ Stares at light _____		Smiles responsively _____	
VITAMINS/FLOURIDE	Reacts to loud noises _____		Follows with eyes _____	
3. ELIMINATION	Smiles spontaneously _____		Responds to music _____	
4. GROWTH AND DEVELOPMENT	Lifts head when prone _____		Sleep pattern _____	
5. PARENTAL CONCERNS	Fist to mouth _____		Allergies _____	
	Sleep pattern _____		Current meds _____	
	Allergies _____		Parental concerns _____	
	Current meds _____			
	Parental concerns _____			
OBJECTIVE PHYSICAL EXAM				
NUTRITION				
HEAD/FONTANEL				
EENT				
NECK/CLAVICLES				
LUNGS				
HEART				
ABDOMEN				
GENITALIA/HERNIA				
HIPS/SPINE				
EXTREMITIES				
SKIN				
NEUROLOGICAL				
ASSESSMENT				
PLANS AND COUNSELING	Car seat used _____		Car seat used _____	
SAFETY	Discussion and handouts given on safety, and growth and development.		Discussion and handouts given on nutrition, safety, and growth and development.	
FEEDING	Normal saline nose drops with given. Newborn blood screening test		DPT/OPV # _____ HIB # _____ order / defer	
GROWTH AND DEVELOPMENT	Parents verbalized understanding of tions. Return to clinic at age _____.		Tylenol drops _____	
IMMUNIZATION			Parents verbalized understanding of instructions. Return to clinic at age _____.	
NEXT VISIT (YYYYMMDD)				
	EXAMINED BY		EXAMINED BY	
PATIENT'S IDENTIFICATION (Name, last, first, middle, grade, date, hospital or medical facility)		REMARKS		

SIGNIFICANT NEONATAL HX	DOB (YYYYMMDD)	WEIGHT	HEIGHT	PKU
DATE OF VISIT (YYYYMMDD)				
AGE		3 to 4 month		6 to 8 months
WEIGHT				
HEIGHT				
HEAD CIRCUMFERENCE				
SUBJECTIVE (HISTORY)	Breast/Formula _____	Breast/ formula _____		
1. FEEDING	Solids _____	Solids _____		
2. FORMULA/BREAST	Stools/day _____ Voids _____	Stools/day _____ Voids _____		
SOLIDS	Laughs _____ Reaches _____	Babbles _____ Says da-da/ma-ma _____		
VITAMINS/FLOURIDE	Holds head steady _____	Transfers objects _____ Crawls _____		
3. ELIMINATION	Rolls front to back _____	Rolls back to front _____		
4. GROWTH AND DEVELOPMENT	Brings hands to midline _____	Sits with support _____ Sits alone _____		
5. PARENTAL CONCERNS	Head and chest up when prone _____	Pulls up to knee _____ Stands _____		
	Sleep pattern _____	Sleep pattern _____		
	Teething _____	Teething _____		
	Allergies _____	Allergies _____		
	Current meds _____	Current meds _____		
	Parental concerns _____	Parental concerns _____		
OBJECTIVE				
PHYSICAL EXAM				
NUTRITION				
HEAD/FONTANEL				
EENT				
NECK/CLAVICLES				
LUNGS				
HEART				
ABDOMEN				
GENITALIA/HERNIA				
HIPS/SPINE				
EXTREMITIES				
SKIN				
NEUROLOGICAL				
ASSESSMENT				
PLANS AND COUNSELING	Car seat used _____	Car seat used _____		
SAFETY	Discussion and handouts given on	Discussion and handouts given on		
FEEDING	safety, and growth and development.	nutrition, safety, and growth and		
GROWTH AND DEVELOPMENT	Normal saline nose drops with	development.		
IMMUNIZATION	given. Newborn blood screening test	DPT/OPV # ____ HIB # ____ order / defer		
NEXT VISIT (YYYYMMDD)	Parents verbalized understanding of	Tylenol drops _____		
	tions. Return to clinic at age _____.	Parents verbalized understanding of		
		instructions. Return to clinic at age ____.		
	EXAMINED BY	EXAMINED BY		
PATIENT'S IDENTIFICATION (Name, last, first, middle, grade, date, hospital or medical facility)	REMARKS			