

**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   |   | 12 months |   | 15 to 18 months |
| WEIGHT  |   |           |   |                 |
| HEIGHT  |   |           |   |                 |
| HEAD CIRCUMFERENCE  |   |           |   |                 |
| <b>SUBJECTIVE (HISTORY)</b>   | Milk / Juice _____                          |           | Milk / Juice _____                            |                 |
| 1. FEEDING  | Diet: _____                                 |           | Diet: _____                                   |                 |
| 2. FORMULA/BREAST   | Stools/Day _____ Voids _____                |           | Stools/Day _____ Voids _____ Walks/runs _____ |                 |
| SOLIDS  | Feeds self with fingers ____ Uses cup ____  |           | Climbs ____ Uses spoon ____                   |                 |
| VITAMINS/FLOURIDE   | Says Da-Da/Ma-Ma and 1 to 3 words ____      |           | Says 5 to 15 words _____ Phrases _____        |                 |
| 3. ELIMINATION  | Stands alone/support _____                  |           | Points to body parts _____                    |                 |
| 4. GROWTH AND DEVELOPMENT   | Walks alone/support _____                   |           | Builds a 1 to 3 block tower _____             |                 |
| 5. PARENTAL CONCERNS  | Pincer grasp _____ Waves bye-bye _____      |           | Takes two commands together _____             |                 |
| <b>OBJECTIVE PHYSICAL EXAM</b>  |   |           |   |                 |
| NUTRITION   |   |           |   |                 |
| HEAD/FONTANEL   |   |           |   |                 |
| EENT  |   |           |   |                 |
| NECK/CLAVICLES  |   |           |   |                 |
| LUNGS   |   |           |   |                 |
| HEART   |   |           |   |                 |
| ABDOMEN   |   |           |   |                 |
| GENITALIA/HERNIA  |   |           |   |                 |
| HIPS/SPINE  |   |           |   |                 |
| EXTREMITIES   |   |           |   |                 |
| SKIN  |   |           |   |                 |
| NEUROLOGICAL  |   |           |   |                 |
| <b>ASSESSMENT</b>   |   |           |   |                 |
| <b>PLANS AND COUNSELING</b>   | Dental care discussed.                      |           | Dental care and toilet training discussed.    |                 |
| SAFETY  | Discussion and handouts given on nutrition, |           | Discussion and handouts given on nutrition,   |                 |
| FEEDING   | safety, and growth and development.         |           | safety, and growth and development.           |                 |
| GROWTH AND DEVELOPMENT  | TB tine test order / defer.                 |           | MMR # _____ DPT/OPV # _____                   |                 |
| IMMUNIZATION  | Hct / Hgb / sickle dex ordered.             |           | HIB # _____ order / defer                     |                 |
| NEXT VISIT (YYYYMMDD)   | Tylenol drops / elixer _____                |           | Tylenol drops / elixer _____                  |                 |
|   | Parents verbalized understanding of         |           | Parents verbalized understanding of           |                 |
|   | instructions. Return to clinic at age _____ |           | instructions. Return to clinic at age _____   |                 |
|   | 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   |                |        |             |     |
| WEIGHT  |                |        |             |     |
| HEIGHT  |                |        |             |     |
| HEAD CIRCUMFERENCE  |                |        |             |     |
| <b>SUBJECTIVE (HISTORY)</b>   |                |        |             |     |
| 1. FEEDING  |                |        |             |     |
| 2. FORMULA/BREAST<br>SOLIDS<br>VITAMINS/FLOURIDE  |                |        |             |     |
| 3. ELIMINATION  |                |        |             |     |
| 4. GROWTH AND DEVELOPMENT   |                |        |             |     |
| 5. PARENTAL CONCERNS  |                |        |             |     |
| <b>OBJECTIVE<br/>PHYSICAL EXAM</b>  |                |        |             |     |
| NUTRITION   |                |        |             |     |
| HEAD/FONTANEL   |                |        |             |     |
| EENT  |                |        |             |     |
| NECK/CLAVICLES  |                |        |             |     |
| LUNGS   |                |        |             |     |
| HEART   |                |        |             |     |
| ABDOMEN   |                |        |             |     |
| GENITALIA/HERNIA  |                |        |             |     |
| HIPS/SPINE  |                |        |             |     |
| EXTREMITIES   |                |        |             |     |
| SKIN  |                |        |             |     |
| NEUROLOGICAL  |                |        |             |     |
| <b>ASSESSMENT</b>   |                |        |             |     |
| <b>PLANS AND COUNSELING</b>   |                |        |             |     |
| SAFETY<br>FEEDING<br>GROWTH AND DEVELOPMENT<br>IMMUNIZATION<br>NEXT VISIT (YYYYMMDD)            |                |        |             |     |
|   | EXAMINED BY    |        | EXAMINED BY |     |
| PATIENT'S IDENTIFICATION (Name, last, first, middle, grade, date, hospital or medical facility) | REMARKS        |        |             |     |