PEDIATRIC HEALTH MAINTENANCE – 6-8 Weeks (2 Months)
Parent Questionnaire

General

Do you have any concerns or questions you would like to discuss today? _____ No _____ Yes

If yes, please specify: _____

Will your child be in daycare or in the care of another person outside of parents? _____ No _____ Yes

Feeding and Sleeping

What is your baby fed? □ Breastmilk □ Formula (brand/type) _____

Ounces per feeding (if bottle fed): _____

My baby feeds every _____ hours daytime and is usually up _____ times during the night to feed.

Are you giving your baby any vitamins? □ No □ Vitamin D □ Iron

Where does your baby sleep? □ Crib/bassinet □ Parent's bed □ Other _____

Does your baby sleep on their back? _____ Yes _____ No

Do you think your baby's bowel movements are normal? _____ Yes _____ No

Development

Does your baby calm down when spoken to or picked up? _____ Yes _____ No

Does your baby look at your face? _____ Yes _____ No

Does your baby seem happy to see you when you walk up to them? _____ Yes _____ No

Does your baby smile when you talk to or smile at them? _____ Yes _____ No

Does your baby hold their head up when on tummy? _____ Yes _____ No

Does your baby move both arms and both legs? _____ Yes _____ No

Safety

Does your home have functioning smoke detectors? _____ Yes _____ No

Is your water heater turned down to below 120 degrees? _____ Don't know _____ Yes _____ No

Does your child ride in a rear-facing car seat, in the back seat? _____ Yes _____ No

Do you leave your baby alone on the changing table, sofa, or bed? _____ No _____ Yes

Are there smokers in your home? _____ No _____ Yes

Do you have a firearm in your home? _____ No _____ Yes

If YES, is your firearm stored unloaded with the gun and ammunition locked separately and where a child cannot access them? _____ Yes _____ No

Are you afraid of your partner or anyone close to you? _____ No _____ Yes

Do you feel overly stressed or unsupported? _____ No _____ Yes

_____ _____

Completed by (name and relationship to patient) Date (month/day/year)

PATIENT NAME

VIRGINIA MASON FRANCISCAN HEALTH
Pediatric Health Maintenance – 2 Months

VMMC99097 (2-25)