PEDIATRIC HEALTH MAINTENANCE – 4 Months

Parent Questionnaire

General

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

If yes, please specify: _____

Is your child in daycare or 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 child smile on their own to get your attention? _____ Yes _____ No

Does your child make sounds like "oooo", "aahh" (cooing)? _____ Yes _____ No

Does your child turn their head towards the sound of your voice? _____ Yes _____ No

Does your child hold their head steady without support when you are holding them? _____ Yes _____ No

Does your child bring their hands to mouth? _____ Yes _____ No

Does your child push up onto their elbows/forearms when on tummy? _____ Yes _____ No

Safety

Does your home have functioning smoke detectors? _____ 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 – 4 Months

VMMC99107 (02-25)