AmeriChoice AMERIGROUP Health Net Horizon NJ Health UHP other\_\_\_\_\_

## New Jersey: Early and Periodic Screening, Diagnosis and Treatment Exam

\_\_\_(08/04)

	INFANCY	: 2 –6 WEEKS	DATE:
Child's Name:		Date of Birth:	
Allergies:		Current Medications:	
Illnesses/Accidents/Problems/Concerns sinc	e birth:		
Yes No  My baby is sleeping well  My baby is eating, sucking well  My baby can hear sounds		My baby looks at my face When crying, my baby can be calmed by being talked to or held I am concerned that I have frequent times of sadness	
WEIGHT KG/LB BIRTH HEIGHT PERCENTILE: WEIGHT PERCE	T CM/IN HEAD CIR. NTILE: PERCENTILE:	Diet: Breast Milk Formula	
Review of Systems Review of	f Family History-Birth Weight	Feedings: Amount Frequency  Newborn Hearing Screening Results  Metabolic/Hemoglobinopathy Screening Results  Review Immunization Record  WIC Referral  Elimination:	
Vision	N A  ngs	Development Sleep Infant Bond Shak Passive Smoke Feve Appropriate Car Seat Child Safety (general) Oral	ottle in Bed bing on Back en Baby Syndrome r Protocols I Care Issues HealthCare ey Restrictions
		IMMUNIZATIONS:  given (see VFC	C Form) up to date

**NEXT VISIT: 2 MONTHS OF AGE** 

ealth Provider Signature:		