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

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

\_(08/04)

INFANC	CY: 4 MONTHS DATE:
Child's Name:	Date of Birth:
Allergies:	Current Medications:
Illnesses/Accidents/Problems/Concerns since birth:	
Yes       No       Yes       N	My baby reaches for objects and can hold them My baby rolls or tries to roll over from tummy to back My baby can see and hear  Diet: Breast Milk Formula
PERCENTILE: PERCENTILE:	Feedings: Amount Frequency
Review of Systems Review of Family History-Birth Weight	<ul> <li>□ Vitamin Supplements</li> <li>□ Newborn Hearing Screening Results</li> <li>□ Review Immunization Record</li> <li>□ WIC Referral</li> <li>Elimination:</li> </ul>
Screening N A Hearing	Sleep: Other:  Health Education/Anticipatory Guidance: (CHECK ALL COMPLETED)  Family Planning  Development  Sleeping on Back  Infant Bond  Shaken Baby Syndrome  Passive Smoke  Fever Protocols  Appropriate Car Seat  Child Care Issues  Safety (general)  Crib Safety  Honey Restrictions  Feeding/Colic  Other:  Assessment:  Diagnosis:  Treatment Plan:
	IMMUNIZATIONS: given (see VFC Form) up to date

**NEXT VISIT: 6 MONTHS OF AGE** 

Health Provider Signature:	