

McLaren Print System Order

Order No: 55341 Reprint Previous Order No: 9458
 Order Date: 2020-07-14
 User: Michele Lubick
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
 16700 21 Mile Rd., Suite 101
 Macomb, MI 48044

Forms

Quantity: 100
 Paragon Dept No: 71600
 Dept Name: McLaren Macomb Family Medicine
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-A
 Item Description: Pediatric Physical Examination (Infancy - 6 Month)
 Revision Date: 3/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Medical Group
WELL CHILD EXAM- INFANCY, 6 Months

Name	Patient name	DOB
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Developmental Questions and Observations
 Ask the parent to respond to the following statements about the infant:
 Yes No
 Please tell me any concerns about the way your baby is behaving or developing:
 My baby seeks comfort when upset.
 My baby smiles and laughs.
 My baby says things like "da-da" or "ba-ba".
 My baby eats some solid foods.
 My baby sits with help/support.
 My baby can pick up objects.
 My baby likes to look at and be with me.
 My baby rolls over.

Ask the parent to respond to the following statements:
 Yes No
 I am sad more often than I am happy.
 I have people who help me when I get frustrated.
 I am enjoying my baby more days than not.
 I have a daily routine that seems to work.
 I keep in contact with family and friends.
 I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____)

Infant Development	Parent Development	
	Yes	No
Turns to sounds/voices	Yes	No
Can be comforted most of the time	Yes	No
Smiles, squeals and laughs spontaneously	Yes	No
Has no head lag when pulled to sit	Yes	No

Please note: Normal developmental variations are incorporated when completion suggests a delay or abnormality, especially when the opportunity for continuing observation is not adequate. (Copyright: Institute for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2:

Staff Signature: _____
 Provider Signature: _____
 Date: _____ Time: _____

Patient Name: _____
 Date of Exam: _____

WELL CHILD EXAM (6 Months)
 06/2019/0002