

DAKOTA PEDIATRIC CLINIC



Health Supervision: 1-4 Weeks

Patient Name: _____ **Date:** _____

To provide good preventative health care for your child, we would like to you answer these questions. It will help us focus on areas of possible concern. Your responses will be respected and kept confidential. Please feel free to add information or comments.

1. What questions or concerns do you have today?

2. Has your baby been fussy? Y N

3. Can you tell when the baby needs to eat? Y N

4. Can you tell when the baby needs to sleep? Y N

5. Are you breastfeeding? Y N
 How often? Y N
 Are you having any difficulties breastfeeding? Y N

6. Are you bottle-feeding? Y N
 How many ounces does your baby drink per feeding? Y N
 Do you have any concerns about feeding? Y N

7. Do you use a rear-facing car seat? Y N
 Where is it located?

8. What position does your baby sleep in?

9. Are you planning to return to work or school? Y N
 When?

10. What kind of child care arrangements have you considered?

11. What kind of support do you have for caring for the baby?
12. Do you have smoke detectors in your home? Y N
 Carbon Monoxide detectors? Y N
 Do you check the batteries routinely? Y N
13. Do you have pets in the home? Y N
 What kind?
14. Does your baby spend time with anyone that smokes? Y N
15. Do you have other children? Y N
16. How are the other children adjusting to the baby?
17. If there is a gun in you home:
 Is the gun unloaded and locked up? Y N
 Is the ammunition stored separately? Y N
18. Do you know about shaken baby syndrome? Y N

Additional questions or comments:

Parent/Guardian: _____