

DAKOTA PEDIATRIC CLINIC



Health Supervision: **2 Months**

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. Have there been any unexpected stresses, or family changes since your last visit?

List:

3. Has your baby been fussy? Y N
How long at a time?

4. Is it easy or hard to tell what you baby wants? Easy _____ Hard _____

5. Are you breastfeeding? 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? _____
How often are you feeding your baby? _____
Do you have any concerns about feeding? Y N

7. How would you describe your baby's personality?

8. Do you use a rear-facing seat? Y N

9. In what position does your baby sleep?

10. Are you getting enough rest? Y N

OVER

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| 11. Have you and your partner had any time to yourselves? | Y | N |
| 12. Have you been feeling tired or blue? | Y | N |
| 13. Do you have any concerns regarding the use of alcohol or drugs by anyone caring for your child? | Y | N |
| 14. Do you have any concerns regarding conflict or violence in the home? | Y | N |
| 15. Does your baby spend time with anyone that smokes? | Y | N |
| 16. Do you think your baby sees and hears all right? | Y | N |
| 17. How are your other children doing? | | |

Additional questions or comments:

Parent/Guardian: _____