

**COOKEVILLE PEDIATRIC ASSOCIATES, P.C.**

**2 MONTH CHECKUP QUESTIONNAIRE**

PATIENT: \_\_\_\_\_ GUARANTOR: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Source of information: (check one)

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other (specify) \_\_\_\_\_

Which of the following do you have? (check one)

City water \_\_\_\_\_ Well water \_\_\_\_\_ Bottled water \_\_\_\_\_ Spring water \_\_\_\_\_

Do you breast feed? Yes \_\_\_\_\_ No \_\_\_\_\_

How many times per day? \_\_\_\_\_

Any difficulty breastfeeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Bottle-feeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which formula do you use? \_\_\_\_\_

How many ounces per day? \_\_\_\_\_

Any difficulty bottle-feeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

WIC services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has rice cereal been introduced? Yes \_\_\_\_\_ No \_\_\_\_\_

Bowel movement frequency: \_\_\_\_\_ times per day

Number of wet diapers per day: \_\_\_\_\_

PROBLEMS: Constipation? Yes \_\_\_\_\_ No \_\_\_\_\_

Sleep problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Spitting up? Yes \_\_\_\_\_ No \_\_\_\_\_

Excessive crying? Yes \_\_\_\_\_ No \_\_\_\_\_

Diaper rash? Yes \_\_\_\_\_ No \_\_\_\_\_

DEVELOPMENTAL: Has a social smile? Yes \_\_\_\_\_ No \_\_\_\_\_

Vocalizes? Yes \_\_\_\_\_ No \_\_\_\_\_

Attentive to voices? Yes \_\_\_\_\_ No \_\_\_\_\_

Fixes on faces? Yes \_\_\_\_\_ No \_\_\_\_\_



# Bright Futures Parent Handout 2 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

## How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Find ways to spend time alone with your partner.
- Keep in touch with family and friends.
- Give small but safe ways for your other children to help with the baby, such as bringing things you need or holding the baby's hand.
- Spend special time with each child reading, talking, or doing things together.

PARENTAL WELL-BEING

## Your Growing Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on her back.
  - In your room.
  - Not in your bed.
- In a crib, with slats less than 2<sup>3</sup>/<sub>8</sub> inches apart.
  - With the crib's drop side always up.
  - Give your baby a pacifier.
  - Put your baby to sleep drowsy.
- Hold, talk, cuddle, read, sing, and play often with your baby. This helps build trust between you and your baby.
- Tummy time—put your baby on her tummy when awake and you are there to watch.
- Learn what things your baby does and does not like.
- Notice what helps to calm your baby such as a pacifier, fingers or thumb, or stroking, talking, rocking, or going for walks.

INFANT BEHAVIOR

## Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke free.
- Keep plastic bags, balloons, and other small objects, especially small toys from other children, away from your baby.
- Your baby can roll over, so keep a hand on your baby when dressing or changing him.
- Set the hot water heater so the temperature at the faucet is at or below 120°F.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

SAFETY

## Your Baby and Family

- Start planning for when you may go back to work or school.
- Find clean, safe, and loving child care for your baby.
- Ask us for help to find things your family needs, including child care.
- Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

INFANT-FAMILY SYNCHRONY

## Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.
- Avoid feeding your baby solid foods, juice, and water until about 6 months.
- Feed your baby when your baby is hungry.

NUTRITIONAL ADEQUACY

- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Burp your baby during natural feeding breaks.

NUTRITIONAL ADEQUACY

## If Breastfeeding

- Feed your baby 8 or more times each day.
- Plan for pumping and storing breast milk. Let us know if you need help.

## If Formula Feeding

- Feed your baby 6–8 times each day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

## What to Expect at Your Baby's 4 Month Visit

### We will talk about

- Your baby and family
- Feeding your baby
- Sleep and crib safety
- Calming your baby
- Playtime with your baby
- Caring for your baby and yourself
- Keeping your home safe for your baby
- Healthy teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; seatcheck.org



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of Pediatrics



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