

If no label:

Name _____

Birth Date _____

Date of Encounter _____

C&TC/Well-Child Exam

4 Month Visit

= C&TC
Mandatory
Components

This is a C&TC:
Yes No

Ht. _____ Primary MD _____

Wt. _____ Allergies _____

Head Circumference _____ Medications _____

Temperature _____

Recent injury/illness/surgery/hospitalization _____

Staff Signature _____

Health History

Parent concerns: _____

Family Social History/Medical History:

Caregivers:

Who brought baby in? _____

Who lives with baby? _____

Caregiver working/in school? Yes No

Who cares for baby during work/school day? _____

Parent/Relative Day Care

Stresses for caregivers _____

Environment: Check areas discussed

Housing Drug use Alcohol

Domestic Violence Guns

Exposure to secondhand smoke TB exposure

Lead risk Other risks _____

No environmental problems identified

Nutrition: Check those that apply

Breast # feedings/day _____

Bottle/Formula # feedings/amount _____

Juice oz./day _____ Cereal

Iron Vitamins

Voiding OK? Stools normal

Sleep: Arrangements/patterns _____

Back or side only? Yes No

Hygiene: Bathing frequency _____

Anticipatory Guidance Circle areas discussed

Nutrition: No solids; always hold to feed/Never prop bottle; no honey <12mo.; spitting up/vomiting; encourage continuation of breast feeding.

Safety: Car seat; never leave unattended; support head and neck; supervise sibling and pet interact; safe crib/sleep on back or side; no strings; care with talc; sun protection; hot water temp. <125°; smoke detectors; no smoking around baby; no walkers.

Parenting: Show affection to baby; interact by talking, singing, playing; never punish, jerk or shake; day care concerns; fever care; when to call MD; bulb syringe for congestion; infection risk reduction.

Pamphlet/Information Sheet Given
Requires additional Health Education

99401 - 15min
99402 - 30min

Mental Health

No Concerns Concerns Explain: _____

Development Give developmental screening results or complete chart.

Screening Tool (name)	by Hx		observed
	by Hx	observed	
Grasps and holds toy			
Laughs, squeals			
Hands together			
Follows 180°			
Head up 90° when prone			
Sits-head steady			
Rolls over			
Smiles			Weight bearing on legs
Regards own hand			Chest up-arm support

Physical Exam (✓) N=normal A=abnormal

	N	A
General appearance		
Skin: color • character • birthmarks		
Nodes: cervical • axillary • inguinal		
Head: shape • AF size • scalp		
Eyes: lids • EOM • tear ducts • red reflex • corneal light reflex • PERL		
Vision: follows light, movement		
Ears: pinna • canals • TMs		
Hearing: responds to loud sound		
Nose: patency • nares		
Mouth: gums • tongue • frenulum • palate • mucosa • throat		
Neck: position • ROM • thyroid		
Chest: shape • symmetry • lungs • respiration rate		
CV: rate • rhythm • S 1 • S 2 • murmur • femoral pulses		
Abd: contour • liver • spleen • masses • bowel sounds • anus		
GU: ♀ labia • vaginal mucosa ♂ penis • testes • hydrocele • hernia		
MS: ROM • Ortolani • spine		
Neuro: head control • posture • tone • DTRs • clonus • Babinski • Moro		

Physical Exam
(Health History included)

Billing Codes: 99381-99385
99391-99395 OR 99431-99432
With Dx codes V20-V20.2 and/or V70.0 and/or V70.3-V70.9
99201-99205
99211-99215

Vision/Hearing

Yes No

Vision concerns?

Hearing concerns?

Labs

Labs ordered: _____

None routinely required at this age.

Parent-Child Interaction Explain

No concerns _____

Concerns _____

Assessment and Plan See dictation

Child and Teen Checkup Completed, child well

Other: _____

Referral _____

Encourage smoking cessation-parent

WIC enrolled, if eligible

6 month visit scheduled

MD Signature _____

C&TC Referral Codes (Box 24H-CMS 1500): Check One

NU	No referral was made	
ST	Referral	
S2	Patient is currently under treatment	
AV	Patient refused referral	

If all mandatory components completed and Alpha Code in box 24H: S0302