'atient lame:		FMP and Sponsor SSN last four:	Contact Number: Date of Birth:
Da way haya any arasifi		ONTH WELL	
Do you have any specific	c concerns today?		
(Please complete inform	nation below: If filled out before,	list only changes since the	last visit.)
Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Medications (PLEASE INCLUDE DOSAGE)
		Allergies Asthma Other:	(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):
-	lergies your child has (drug, foo	· · · · · · · · · · · · · · · · · · ·	□ No Allergies
Circle if anyone in the fa	·		by Disease Deafness before age 5
•	•	d Death of Infant or Child (to include SIDS)
	e Hepatitis B vaccine at birth?	□ Yes □ No	
Who does the child live v Does your child attend d			_
-	ly smoke or is your child expos	ed to secondhand smoke?	□ Yes □ No
	l feel safe at home? 🗆 Yes 🗀 No		
Weeks pregnant at deliver Type of Delivery (check all Complications at birth? Prenatal Complications?	that apply): Vaginal C-Section Yes No List if yes:	□Vacuum- assisted □Forceps	Breech
-			
Breastfeeding? Yes	□ No How oftenMin s □ No BrandOun	utes per breast	_Concerns
	per dayNumber of st		ces per day
			No How many times per day?
ircle if you have conce	rns about: Bowel movements / C	Constipation / Sleep problem	ns
Check all the followin	g that apply to your child:		
oncer an the followin		nmunicative/ Physical D	evelonment
Dalla from front or		e de la constant de	· · · · · · · · · · · · · · · · · · ·
55.	nto back or back onto front	Passes toys from one n	and to another and to their mouth
757	with people especially parent		
Sits briefly leaning			
Curious and looks			
	nglish Other:	651	
	ethod of learning: Verbal Wereligious considerations that may		·
-	he Exceptional Family Member I	-	
Ŧ	ently deployed? Yes No	(
s this visit deployment re			

Today's	Date:
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HR	I	LT	Pain: Yes No Location of Pain	
	N	laked	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (3) (2) (3) (4)	
		WT	O 1 2 3 4 5 No Hurt Hurts Hurts Hurts Hurts Little Bit Little More Even More Whole Lot Worst	
		HC	USE FLACC SCALE FOR NON-VERBAL CHILDREN	
			Immunizations UTD per AFCITA: Yes No Technician Signature:	

HPI:

N E	Examination:	Normal	Abnormal
	General:	□ Active/Alert/WN/WD/NAD/ not dysmorphic	
	Head/Neck:	□ NCAT/Nontender/FROM	0
	Eyes:	□ RR X2, nl corneal reflex, EOMI, no strabismus	
o	R ear:	☐ TM gray/nl landmarks, nl pinna/ext ear canal	□ Bulging/immobile/red
0	L ear:	□ TM gray/nl landmarks, nl pinna/ext ear canal	□ Bulging/immobile/red
В	Nose:	□ Patent, No congestion/discharge	□ Congested
	Oropharynx:	☐ Pink, moist, no lesions ☐ Teeth: NI, no signs of caries	٥
	Lungs:	□ CTAB, no retractions, nl WOB	
0	CV:	□ RRR, no murmur, strong femoral pulses, cap refill < 2 sec	
0	Abd:	□ Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	0
	Ext/Spine:	□ NL, FROM, nontender, no edema, no lumbosacral pits	0
	Skin:	□ No rash, No bruises	
0	Hips:	□ Full ROM, Symmetric leg folds	
0	Neuro:	□ Normal tone/strength/symmetry	
0	Genitalia:	□ NI female/no adhesions □ NI male, Testes down	
0	Other findings:		0

LABS/X-RAYS:

H&H (12 months):

□ Lead Screening (if applicable)

PLAN:

F/U: at next well child visit atmonths, sooner if parental concerns Patient and/or parent verbalizes understanding of treatment and plan Anticipatory guidance handout provided									
PREVENTION: □ Nutrition □ Tobacco avoidance	□ Sippy Cups/No Bottle	RECORDS MAINTAINED AT: PATIENT'S NAME (Last I		Seat □ Ch	ild-proofin	g the house			
Signature:Stamp:	Date:	RELATION SHIPTO SPOR	VISOR	STATUS	ORGANIZATIO	RANK/GRADE			
		DEPART/SERVICE	SSNIDENTIFICATION	NO.		DATE OF BIRTH			

^{*}Other VS per Provider request

Child's Name:	_ Date:

Deployment, Safety, and Lead Screening Questionnaire

Deployment:

1.	Is a parent currently deployed?	YES NO
2.	Is a parent under orders for deployment within the next three months?	YES NO
3.	Has a parent returned from a deployment with the last year?	YES NO

Safety:

1.	Are you in a relationship now or have you ever been in a relationship in w	hich you have	e been harr	med
	or felt afraid of your partner?	YES	NO	
2.	Has your partner ever hurt any of your children?	YES	NO	
3.	Are you afraid of your current partner?	YES	NO	
4.	Do you have any pets in the house?	YES	NO	
5.	Has your partner or child ever threatened or hurt any of the pets?	YES	NO	
6.	Are there any guns in your house?	VES	NO	

Lead: (THESE QUESTIONS ARE INTENDED ONLY FOR CHILDREN AGE 6M-5Y)

team as a major risk for lead?

1.	Do you live in a high risk zip code? (List on back of form)	YES	NO	Don't know				
2.	Does your child have a sibling or playmate who has had an elevated lead	level?						
		YES	NO	Don't know				
3.	Does your child live in a house that was built before 1950?	YES	NO	Don't know				
4.	Live in or regularly visit a house, daycare center, or preschool that was built before 1978 which has							
	peeling or chipping paint, or has undergone renovation or remodeling in	past 6	M?					
		YES	NO	Don't know				
5.	Live or spend time with someone whose job or hobbies involve exposure	to lead	1?					
6.	(Example: Reloads ammunition, makes fishing weights, makes ceramics,	makes	stained	glass, works at				
	a firing range, works with industrial or shipboard paint removal, works w	ith elec	trical o	r torch				
	soldering, makes soft metal castings.)	YES	NO.	Don't know				
7.	Live or spend time near any location that you think might release lead (le	ad sme	lter, ra	diator shop,				
	battery recycler, ect.)?	YES	NO	Don't know				
8.	Live in or regularly visit a house, daycare unit, or preschool that was iden	tified b	v a DO	inspection				

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Noon
 | 24245 | 24250 | 24251 | 24258

 | Shenandoan | 22844

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 | 22840 | 22810
22824 | 22842 | 22844 | 22847
 | Smrth | 24316 | 24270 | 24375 | Southampton | 23827 | 23828 | 23829 | 23837
 | 23844 | 23866 | 23874 | Staumton City | 24401
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 | 23021 | 23025 | 23045 | 23068

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 | 22645 | 22654 | Fredericksbyra City | 22401

 | Galax City | 24333

 | Siles | 24086

 | 24093 | 24094 | 24124 | 24124 | 24147
 | 24150 | Goochland | 23038 | 23153 | 24202 | 24426
24428 | 24330 | 24378 | Greene
 | 22935 | Halifax | 24534 | 24539 | 24577
 | 24592 | 24598 | |
| 23934 | 23937 | 23962 | 23964 | Charlottesville City | 22903 | Chesapeake City | 23324 | Clarke | 22611 | 22620 | 22663 | Covington City | 24426 | Crais
 | 24127 | 24131 | Culpeper | 22713

 | 22718 | 22726

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 | Cumperiano | 23027 | 24540 | 24541 | Dickenson
 | 24226 | 24272 | 24289 | Dinwiddle | 23840 | 23850 | 23872 | 23894 | Emporia
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23807 <t< td=""><td>22939 23934 Eattablier 23661 23944 23504 California 22811</td><td>2293 23834 Eaucquier 23661 23944 2300 2511 22611 24430 23837 22639 23665 23952 23505 23942 22811 24437 23864 22639 22639 23665 23967 23947 22812 24437 23864 27734 23047 Lanchburg Clip 23694 23802 22827 24467 22864 27734 23069 24503 23694 22827 24467 22864 27734 23069 24503 23842 22827 24467 2467 24072 Lannice 24503 23540 27834 22834 22847 22827 24467 25262 24072 Lannice 24503 23549 22849 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847 22847</td><td>2.2239 2.3334 Eartmiler 2.3861 2.3944 2.5000 C.2011 2.4430 2.2839 2.3865 2.3967 2.3907 2.2811 2.2811 2.4447 2.3862 2.2839 2.3865 2.3967 2.3947 2.2812 2.4447 2.3864 2.774 2.3069 2.4801 2.2842 2.2842 2.4467 2.3864 2.774 2.3069 2.4801 2.3842 2.2802 2.4467 2.2803 2.4071 2.3069 2.4801 2.3842 2.2803 2.4468 Chastocasile City 2.4091 2.3209 2.4801 2.3810 2.3842 2.2803 2.4478 2.2804 2.4800 2.3227 Madison 2.3811 2.2843 2.2844 2.4478 2.2801 2.3227 Madison 2.3810 Batteria 2.2844 2.4486 2.2811 2.2811 2.2719 2.2823 2.4901 2.2843 2.4486 2.2811 2.2811 2.2719</td><td>29339 23934 EMERILIE 23661 23944 23000 Entroller 22010 22010 22010 22010 22010 22011</td><td>229339 Z38934 Eautusile 23861 23843 23504 Prince Edward 2201 24437 23894 23894 23866 23866 23867 2281 2281 24437 23894 23864 23866 23867 23897 2281 24437 23864 23734 23866 23867 23897 2281 24437 23864 23734 23069 23867 23897 22883 24467 22803 2407 23069 24504 23597 23842 22883 24467 22804 2405 23226 24504 23597 2487 22883 24468 23844 23227 Maritarian 2351 2314 2314 22894 24486 22863 23004 Hindhand 2377 2351 2314 2314 2314 2314 2314 2314 2314 2314 2314 2314 2314 2314 2314 2314 2314</td><td>22933 Estutulier 23641 23944 Estitution 23641 23641 23641 22611</td><td>25939 239344 Emutatilet 23861 23944 23904 22010 22011</td><td>25939 220344 Entrottler 22661 23944 23904 Entrottler 2261
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Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of children with elevated blood lead levels par available data. ZIP Codes are from the 2000 U.S.Census. View http://www.vahealth.org/leadsafe for updates and information on childhood lead poisoning in Virginia and access to publications available to medical professionals, parents and others. Toll free phone (877) 668-7987.

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name:	Address:
Your Date of Birth:	*
Baby's Date of Birth:	Phone:
As you are pregnant or have recently had a baby, we we the answer that comes closest to how you have felt IN	vould like to know how you are feeling. Please check THE PAST 7 DAYS, not just how you feel today.
Here is an example, already completed.	•
I have felt happy:	
Yes, all the time	
·	felt happy most of the time" during the past week.
	questions in the same way.
□ No, not at all	questions in the same way.
In the past 7 days:	
11/2	
I have been able to laugh and see the funny side of thing As much as I always could	
As much as I always could Not quite so much now	 Yes, most of the time I haven't been able to cope at all
Definitely not so much now	 Yes, sometimes I haven't been coping as well
□ Not at all	as usual
	 No, most of the time I have coped quite well
I have looked forward with enjoyment to things As much as I ever did	 No, I have been coping as well as ever
As much as I ever did Rather less than I used to	*7 I have been so unhappy that I have had difficulty sleeping
Definitely less than I used to	Yes, most of the time
□ Hardly at all	□ Yes, sometimes
2 V	□ Not very often
*3. I have blamed myself unnecessarily when things went wrong	□ No, not at all
□ Yes, most of the time	*8 I have felt sad or miserable
□ Yes, some of the time	Yes, most of the time
 Not very often 	□ Yes, quite often
□ No, never	 Not very often
4. I have been anxious or worried for no good reason	□ No, not at all
No, not at all	*9 I have been so unhappy that I have been crying
Hardly ever	Yes, most of the time
 Yes, sometimes 	Yes, quite often
 Yes, very often 	 Only occasionally
*5 I have felt scared or panicky for no very good reason	D No, never
 Yes, quite a lot 	*10 The thought of harming myself has occurred to me
 Yes, sometimes 	□ Yes, quite often
□ No, not much	□ Sometimes
□ No, not at all	Hardly ever
	□ Never
Administered/Reviewed by	Date
¹ Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection o Edinburgh Postnatal Depression Scale. <i>British Journal of Psyc</i>	of postnatal depression: Development of the 10-item
2	

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 104-100

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center < www.4women.gov and from groups such as Postpartum Support International < www.chss.iup.edu/postpartum and Depression after Delivery < www.depressionafterdelivery.com.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3,

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score:

30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

- 1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
- 2. All the items must be completed.
- Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
- 4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

	i i	
Date:	Today your child saw:	SCAN TO
NA.	AVAL MEDICAL CENTER PORTSMOUTH PEDIATRTICS	PRINT YOUR
		FORMS AT
Weight:	kg (%) lbs oz	HOME!
Height:	kg (%)lbsoz cm (%)in Head Circ:cm (%)	
Follow up further co	o with your PCM inweeks / months or sooner if you have any oncerns.	
	Prescriptions provided today:	
		
	 New Prescriptions TEXT Q-Anyhwhere: 833-217-2199 Medication Refills call 757-953-6337(MEDS) 	
	Labs ordered today: (Please complete by	
	(NMCP Laboratory-1L; Hours are 0700-1630; Walk-in Appts Only)	
0	Radiology – X-rays/MRI/CT/Ultrasound ordered today:	
	(Please complete by)	
	(1st Floor South; X-rays by walk in appt 0700-1530; Call 953-XRAY to schedule for Ultrasound	/CT/MRI))
_		
	Referrals ordered today:	
	 Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment Network referral status call Humana Military 1-800-444-5445 OR view referral status via l 	MHS Genesis Patient Portal
	Immunizations due today:	
	(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)	
	Additional Instructions:	
<u>Importa</u>	nt Phone Numbers: Additional Resources:	

- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE(option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)

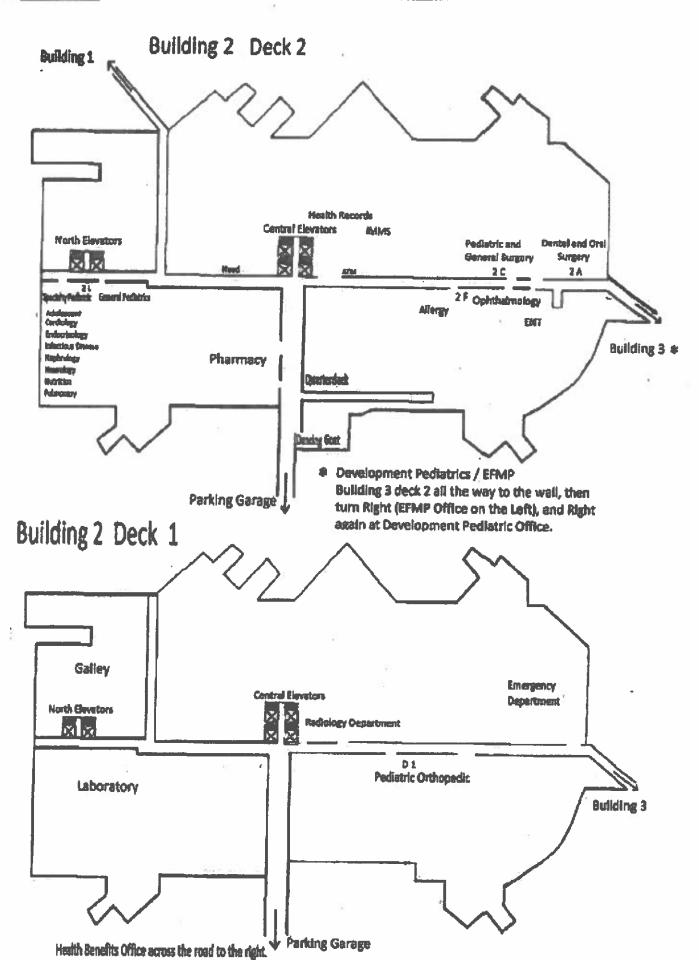


INTERACTIVE CUSTOMER EVALUATION MHS Genesis Patient Portal: https://myaccess.dmdc.osd.mil/identitymanagement/app/logi

<u>n</u>

- Military Onesource
 - https://www.militaryonesource.mil/
 - Counseling Services 12 sessions without referral; 24 hour hotline (800)-342-9647
 - Optometry-NO referral required
- Humana Military: https://www.humana.com
- Fleet and Family: https://www.navymwrmidlant.com/
- Health Information:

https://healthychildren.org/English/Pages/default.aspx



BRIGHT FUTURES HANDOUT ▶ PARENT

6 MONTH VISIT

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





HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.



YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds she makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- If your baby is fussy, give her safe toys to hold and put into her mouth. Make sure she is getting regular naps and playtimes.

V

FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you
 and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
 - Open his mouth for the spoon.
 - Sit with support.
 - Show good head and neck control.
 - Be interested in foods you eat.

Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
 - Iron- and zinc-fortified cereal
 - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.
- Avoid raw honey or large chunks of food that could cause choking.
- Consider introducing all other foods, including eggs and peanut butter, because research shows they may actually prevent individual food allergies.
- To prevent choking, give your baby only very soft, small bites of finger foods.
- Wash fruits and vegetables before serving.
- Introduce your baby to a cup with water, breast milk, or formula.
- Avoid feeding your baby too much; follow baby's signs of fullness, such as
 - Leaning back
 - Turning away
- Don't force your baby to eat or finish foods.
 - It may take 10 to 15 times of offering your baby a type of food to try before he likes it.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

6 MONTH VISIT—PARENT



HEALTHY TEETH

- Ask us about the need for fluoride.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).
- Don't give your baby a bottle in the crib.
 Never prop the bottle.
- Don't use foods or juices that your baby sucks out of a pouch.
- Don't share spoons or clean the pacifier in your mouth.

WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Disciplining your baby
- Introducing new foods and establishing a routine
- Keeping your baby safe at home and in the car



SAFETY

- Use a rear-facing—only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- If your baby has reached the maximum height/weight allowed with your rear-facing—only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2% inches apart.
 - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and tovs in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- . Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

For more information, go to https://brightfutures.aap.org.

American Academy of Pediatrics



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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