

Today's Date: \_\_\_\_\_

Patient

Name: \_\_\_\_\_

FMP and Sponsor

SSN last four: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 6 MONTH WELL CHECK

Do you have any specific concerns today? \_\_\_\_\_

(Please complete information 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<br>Asthma<br>Other:                               | <u>(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):</u> |

Please list any known allergies your child has (drug, food, latex) \_\_\_\_\_ ☐ No Allergies

Circle if anyone in the family has had: Genetic or Metabolic Disease Kidney Disease Deafness before age 5

Birth Defects Early Death or Sudden Unexplained Death of Infant or Child (to include SIDS)

Did you child receive the Hepatitis B vaccine at birth? ☐ Yes ☐ No

Who does the child live with? \_\_\_\_\_

Does your child attend daycare? ☐ Yes ☐ No

Does anyone in the family smoke or is your child exposed to secondhand smoke? ☐ Yes ☐ No

Do you & and your child feel safe at home? ☐ Yes ☐ No

**BIRTH HISTORY:** (If not completed at previous visit):

# Weeks pregnant at delivery? \_\_\_\_\_

Type of Delivery (check all that apply): ☐ Vaginal ☐ C-Section ☐ Vacuum- assisted ☐ Forceps ☐ Breech

Complications at birth? \_\_\_\_\_

Prenatal Complications? ☐ Yes ☐ No List if yes: \_\_\_\_\_

Group B Strep Positive? ☐ Yes ☐ No ☐ Don't know

Passed Hearing screen? ☐ Yes ☐ No ☐ Not Performed

Birth weight? \_\_\_\_\_

Breastfeeding? ☐ Yes ☐ No How often \_\_\_\_\_ Minutes per breast \_\_\_\_\_ Concerns \_\_\_\_\_

Formula feeding? ☐ Yes ☐ No Brand \_\_\_\_\_ Ounces per feed \_\_\_\_\_ Ounces per day \_\_\_\_\_

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

Cereal ☐ Yes ☐ No How many times per day? \_\_\_\_\_ Solid foods ☐ Yes ☐ No How many times per day? \_\_\_\_\_

Circle if you have concerns about: Bowel movements / Constipation / Sleep problems

Check all the following that apply to your child:

| Social/ Cognitive Communicative/ Physical Development                     |  |
|---|--|
| <input type="checkbox"/> Rolls from front onto back or back onto front    | <input type="checkbox"/> Passes toys from one hand to another and to their mouth |
| <input type="checkbox"/> Enjoys interacting with people especially parent |  |
| <input type="checkbox"/> Sits briefly leaning forward                     |  |
| <input type="checkbox"/> Curious and looks at nearby objects              |  |

Preferred Language: ☐ English ☐ Other: \_\_\_\_\_

What is your preferred method of learning: ☐ Verbal ☐ Written ☐ Visual ☐ Other: \_\_\_\_\_


Are there any cultural or religious considerations that may affect your child's healthcare? ☐ Yes ☐ No \_\_\_\_\_

Is your child enrolled in the Exceptional Family Member Program (EFMP/ Q-coded)? ☐ Yes ☐ No

Is the child's sponsor currently deployed? ☐ Yes ☐ No

Is this visit deployment related? ☐ Yes ☐ No

Today's Date: \_\_\_\_\_

|           |  |              |  |  |
|-----------|--|--------------|--|--|
| <b>HR</b> |  | <b>LT</b>    |  | <b>Pain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Location of Pain</b> _____<br><br>USE FLACC SCALE FOR NON-VERBAL CHILDREN |
|           |  | <b>Naked</b> |  |  |
|           |  | <b>WT</b>    |  |  |
|           |  | <b>HC</b>    |  |  |
|           |  |              |  | <b>Immunizations UTD per AFCITA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Technician Signature:</b> _____   |

\*Other VS per Provider request

**HPI:**

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

**LABS/X-RAYS:** ☐ H&H (12 months):

☐ Lead Screening (if applicable)

**PLAN:**

**F/U:** at next well child visit at \_\_\_ months, sooner if parental concerns

- ☐ Patient and/or parent verbalizes understanding of treatment and plan
- ☐ Anticipatory guidance handout provided

**PREVENTION:** ☐ Nutrition    ☐ Sippy Cups/No Bottle    ☐ Dental care    ☐ Safety/Falls    ☐ Car Seat    ☐ Child-proofing the house  
☐ Tobacco avoidance

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Stamp:**

|  |                        |               |
|--|------------------------|---------------|
| <b>RECORDS<br/>MAINTAINED AT:</b>            |                        |               |
| PATIENT'S NAME (Last, First, Middle Initial) |                        | SEX           |
| RELATIONSHIP TO SPONSOR                      | STATUS                 | RANK/GRADE    |
| SPONSOR'S NAME                               |                        | ORGANIZATION  |
| DEPART./SERVICE                              | SSN/IDENTIFICATION NO. | DATE OF BIRTH |

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 which you have been harmed 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?   | YES NO |

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

- |   |                   |
|---|-------------------|
| 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?   |                   |
| 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 with electrical or 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 (lead smelter, radiator shop, battery recycler, ect.)?  | YES NO Don't know |
| 8. Live in or regularly visit a house, daycare unit, or preschool that was identified by a DOD Inspection team as a major risk for lead?  | YES NO Don't know |

# Virginia High-Risk Zip Codes\*

|                        |                         |                             |                            |                       |                          |                        |                       |                            |                  |
|------------------------|-------------------------|-----------------------------|----------------------------|-----------------------|--------------------------|------------------------|-----------------------|----------------------------|------------------|
| <b>Accomack</b>        | <b>Augusta</b>          | <b>Charlotte</b>            | <b>Falls Church City</b>   | <b>Hampton City</b>   | <b>Lynchburg</b>         | <b>Norfolk City</b>    | <b>Powhatan</b>       | <b>Rockingham</b>          | <b>Surry</b>     |
| 23301                  | 22843                   | 23923                       | 22046                      | 23651                 | 23838                    | 23503                  | 23139                 | 22811                      | 23839            |
| 23302                  | 22839                   | 23934                       | <b>Fauquier</b>            | 23661                 | 23844                    | 23504                  | <b>Prince Edward</b>  | 22812                      | 23846            |
| 23308                  | 24430                   | 23937                       | 22839                      | 23665                 | 23852                    | 23505                  | 23901                 | 22815                      | 23881            |
| 23336                  | 24432                   | 23962                       | 22843                      | <b>Hanover</b>        | 23874                    | 23507                  | 23942                 | 22820                      | <b>Sussex</b>    |
| 23356                  | 24437                   | 23964                       | 22734                      | 23669                 | <b>Lynchburg City</b>    | 23508                  | <b>Prince George</b>  | 22821                      | 23867            |
| 23357                  | 24459                   | <b>Charlottesville City</b> | <b>Floyd</b>               | 23069                 | 24501                    | 23509                  | <b>Prince William</b> | 22832                      | 23888            |
| 23359                  | 24467                   | 22903                       | 24072                      | <b>Henrico</b>        | 24503                    | 23510                  | 23842                 | 22834                      | 23890            |
| 23395                  | 24476                   | <b>Chesapeake City</b>      | 24091                      | 23226                 | 24504                    | 23511                  | 22134                 | 22841                      | <b>Lexington</b> |
| 23399                  | 24479                   | 23324                       | 24105                      | 23227                 | <b>Madison</b>           | 23517                  | <b>Pulaski</b>        | 22846                      | 24602            |
| 23404                  | 24485                   | <b>Clarke</b>               | 24380                      | 23229                 | 22709                    | 23523                  | 24301                 | 22853                      | 24605            |
| 23407                  | 24486                   | 22611                       | <b>Fluvanna</b>            | 23230                 | 22719                    | <b>Northampton</b>     | <b>Radford City</b>   | 24471                      | 24613            |
| 23409                  | <b>Bath</b>             | 22820                       | 23022                      | 23231                 | 22727                    | 23310                  | 24347                 | 24613                      | 24622            |
| 23410                  | 24445                   | 22863                       | 23084                      | <b>Henry</b>          | 22732                    | 23350                  | 24141                 | <b>Russell</b>             | 24651            |
| 23417                  | 24460                   | <b>Covington City</b>       | <b>Franklin City</b>       | 24089                 | <b>Martinsville City</b> | 23354                  | <b>Stafford</b>       | <b>Virginia Beach City</b> | 23521            |
| 23418                  | 24484                   | 24426                       | 23851                      | <b>Highland</b>       | 24112                    | 23405                  | <b>Stafford</b>       | 24649                      | 23521            |
| 23420                  | 24487                   | <b>Grays</b>                | <b>Frederick</b>           | 24433                 | <b>Mathews</b>           | 23413                  | 22716                 | <b>Stafford</b>            | 23521            |
| 23421                  | 24487                   | 24127                       | 22845                      | 24442                 | 23021                    | <b>Northumberland</b>  | 22740                 | 24245                      | 23521            |
| 23426                  | 24526                   | 24131                       | 22854                      | 24458                 | 23025                    | 22435                  | 22746                 | 24250                      | 23521            |
| 23440                  | 24315                   | <b>Culpeper</b>             | <b>Fredericksburg City</b> | 24465                 | 23045                    | 22473                  | 22747                 | 24251                      | 23521            |
| 23442                  | 24318                   | 22713                       | 22401                      | 24468                 | 23068                    | 22539                  | 22749                 | 24258                      | 23521            |
| <b>Albemarle</b>       | 24318                   | 22718                       | <b>Galax City</b>          | <b>Isle of Wright</b> | 23109                    | 22579                  | <b>Richmond City</b>  | <b>Shenandoah</b>          | 24270            |
| 22901                  | 24366                   | 22726                       | 24333                      | 23315                 | 23125                    | 22579                  | 23219                 | 22644                      | 24270            |
| 22931                  | <b>Bolehurst</b>        | 22729                       | <b>Silas</b>               | <b>James City</b>     | 23130                    | 22579                  | 23220                 | 22644                      | 24270            |
| 22937                  | 24086                   | 22736                       | 24086                      | 23185                 | <b>Mechanicsville</b>    | 22579                  | 23221                 | 22664                      | 24270            |
| 22943                  | 24085                   | <b>Gumbridge</b>            | 24093                      | 23185                 | 23915                    | <b>Northway</b>        | 23222                 | 22664                      | 24270            |
| 22947                  | 24080                   | 23027                       | 24094                      | <b>King and Queen</b> | 23924                    | 23824                  | 23223                 | 22664                      | 24270            |
| 22959                  | <b>Bristol</b>          | <b>Danville City</b>        | 24124                      | 23023                 | 23968                    | 23822                  | 23224                 | 22664                      | 24270            |
| 24590                  | 24201                   | 24540                       | 24128                      | 23108                 | 23970                    | 23930                  | 23224                 | 22664                      | 24270            |
| <b>Alexandria City</b> | <b>Brunswick</b>        | 24541                       | 24134                      | 23110                 | <b>Middlesex</b>         | 23970                  | <b>Roanoke City</b>   | 22844                      | 24270            |
| 22301                  | 23821                   | <b>Dickenson</b>            | 24147                      | 23156                 | 23079                    | 23079                  | 24011                 | 22847                      | 24270            |
| 22302                  | 23868                   | 24226                       | 24150                      | 23177                 | 23149                    | 22850                  | 24013                 | <b>Smith</b>               | 24216            |
| 22305                  | <b>Buchanan</b>         | <b>Georgetown</b>           | 23038                      | 23177                 | 23176                    | 22835                  | 24014                 | 24316                      | 24219            |
| 22314                  | 24639                   | 24289                       | 23038                      | 23177                 | 23180                    | 22849                  | 24015                 | 24319                      | 24230            |
| <b>Allentown</b>       | 24422                   | <b>Dinwiddie</b>            | 23153                      | <b>King George</b>    | <b>Montgomery</b>        | 22851                  | 24016                 | 24370                      | 24283            |
| 24422                  | <b>Buckingham</b>       | 23830                       | 23153                      | 23181                 | 24138                    | 22851                  | 24016                 | 24375                      | 24285            |
| 23083                  | 23936                   | 23840                       | <b>Grasson</b>             | 23181                 | 24138                    | 22851                  | <b>Rockbridge</b>     | 24375                      | 24293            |
| <b>Annalia</b>         | <b>Buena Vista City</b> | 23872                       | 24326                      | <b>Lancaster</b>      | 24149                    | 22851                  | 24435                 | <b>Southampton</b>         | 24293            |
| 23083                  | 24416                   | 23894                       | 24330                      | 22480                 | <b>Nelson</b>            | 22851                  | 24435                 | 23827                      | 24293            |
| <b>Appomattox</b>      | <b>Caroline</b>         | 23894                       | 24378                      | 22503                 | 22938                    | <b>Petersburg City</b> | 24472                 | 23828                      | 24312            |
| 23958                  | 22427                   | <b>Emporia</b>              | <b>Greene</b>              | 22503                 | 22964                    | 23803                  | 24473                 | 23829                      | 24312            |
| <b>Atlinston</b>       | 22514                   | 23847                       | 22835                      | <b>Lee</b>            | 22969                    | <b>Pittsylvania</b>    | 24483                 | 23837                      | 24322            |
| 22201                  | 22514                   | <b>Essex</b>                | 24221                      | 24265                 | 22971                    | 24139                  | 24483                 | 23844                      | 24323            |
| 22203                  | <b>Carroll</b>          | <b>Halifax</b>              | 24265                      | 24265                 | 22971                    | 24531                  | 24483                 | 23866                      | 24350            |
| 22204                  | 24325                   | 24534                       | 24277                      | 24277                 | <b>Newport News City</b> | 24594                  | 24555                 | 23874                      | 24368            |
| 22205                  | 24343                   | 24539                       | 24282                      | 24282                 | 24553                    | 23701                  | 24578                 | <b>Staunton City</b>       | 24382            |
| 22206                  | 24352                   | 24577                       | <b>Lexington City</b>      | 24450                 | 23604                    | 23702                  | 24579                 | 24401                      |                  |
| 22207                  |                         | 24592                       | Louisia                    | 23607                 | 23702                    | 23702                  |                       | <b>Suffolk City</b>        |                  |
| 22211                  |                         | 24598                       | 23024                      | 23607                 | 23707                    | 23707                  |                       | 23432                      |                  |
|                        |                         | 22207                       |                            |                       |                          |                        |                       | 23434                      |                  |

\* Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of children with elevated blood lead levels per available data. ZIP Codes are from the 2000 U.S. Census. View <http://www.vahs.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 Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
- ☒ Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often      Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

- |  |  |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"><li><input type="checkbox"/> As much as I always could</li><li><input type="checkbox"/> Not quite so much now</li><li><input type="checkbox"/> Definitely not so much now</li><li><input type="checkbox"/> Not at all</li></ul> <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"><li><input type="checkbox"/> As much as I ever did</li><li><input type="checkbox"/> Rather less than I used to</li><li><input type="checkbox"/> Definitely less than I used to</li><li><input type="checkbox"/> Hardly at all</li></ul> <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, some of the time</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, never</li></ul> <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"><li><input type="checkbox"/> No, not at all</li><li><input type="checkbox"/> Hardly ever</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> Yes, very often</li></ul> <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, quite a lot</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> No, not much</li><li><input type="checkbox"/> No, not at all</li></ul> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li><li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li><li><input type="checkbox"/> No, most of the time I have coped quite well</li><li><input type="checkbox"/> No, I have been coping as well as ever</li></ul> <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, not at all</li></ul> <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, not at all</li></ul> <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Only occasionally</li><li><input type="checkbox"/> No, never</li></ul> <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Sometimes</li><li><input type="checkbox"/> Hardly ever</li><li><input type="checkbox"/> Never</li></ul> |
|--|--|

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: 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 .

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

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# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Postpartum depression is the most common complication of childbearing.<sup>2</sup> 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](http://www.4women.gov)> and from groups such as Postpartum Support International <[www.chss.iup.edu/postpartum](http://www.chss.iup.edu/postpartum)> and Depression after Delivery <[www.depressionafterdelivery.com](http://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.
3. 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.

<sup>1</sup>Source: 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.

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

Date: \_\_\_\_\_ Today your child saw: \_\_\_\_\_

**NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRICS**

Weight: \_\_\_\_\_ kg (\_\_\_\_\_% ) \_\_\_\_\_ lbs \_\_\_\_\_ oz  
Height: \_\_\_\_\_ cm (\_\_\_\_\_% ) \_\_\_\_\_ in Head Circ: \_\_\_\_\_ cm (\_\_\_\_\_% )

Follow up with your PCM in \_\_\_\_\_ weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

\_\_\_\_\_  
\_\_\_\_\_

- New Prescriptions TEXT Q-Anywhere: 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)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

\_\_\_\_\_ (Please complete by \_\_\_\_\_)

(1<sup>st</sup> 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 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:**

\_\_\_\_\_

**SCAN TO  
PRINT YOUR  
FORMS AT  
HOME!**



**Important Phone Numbers:**

- 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)



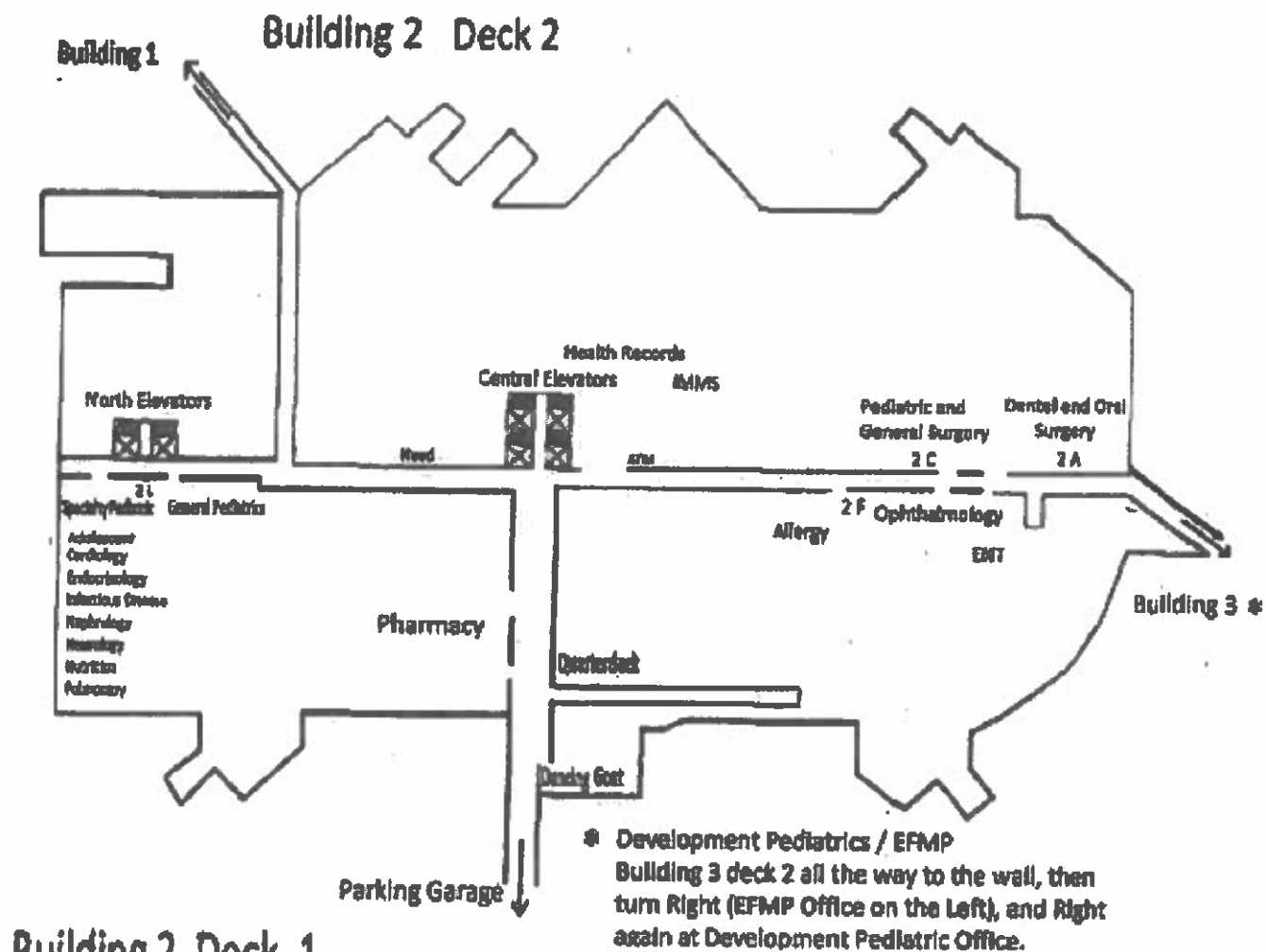
INTERACTIVE  
CUSTOMER  
EVALUATION

**Additional Resources:**

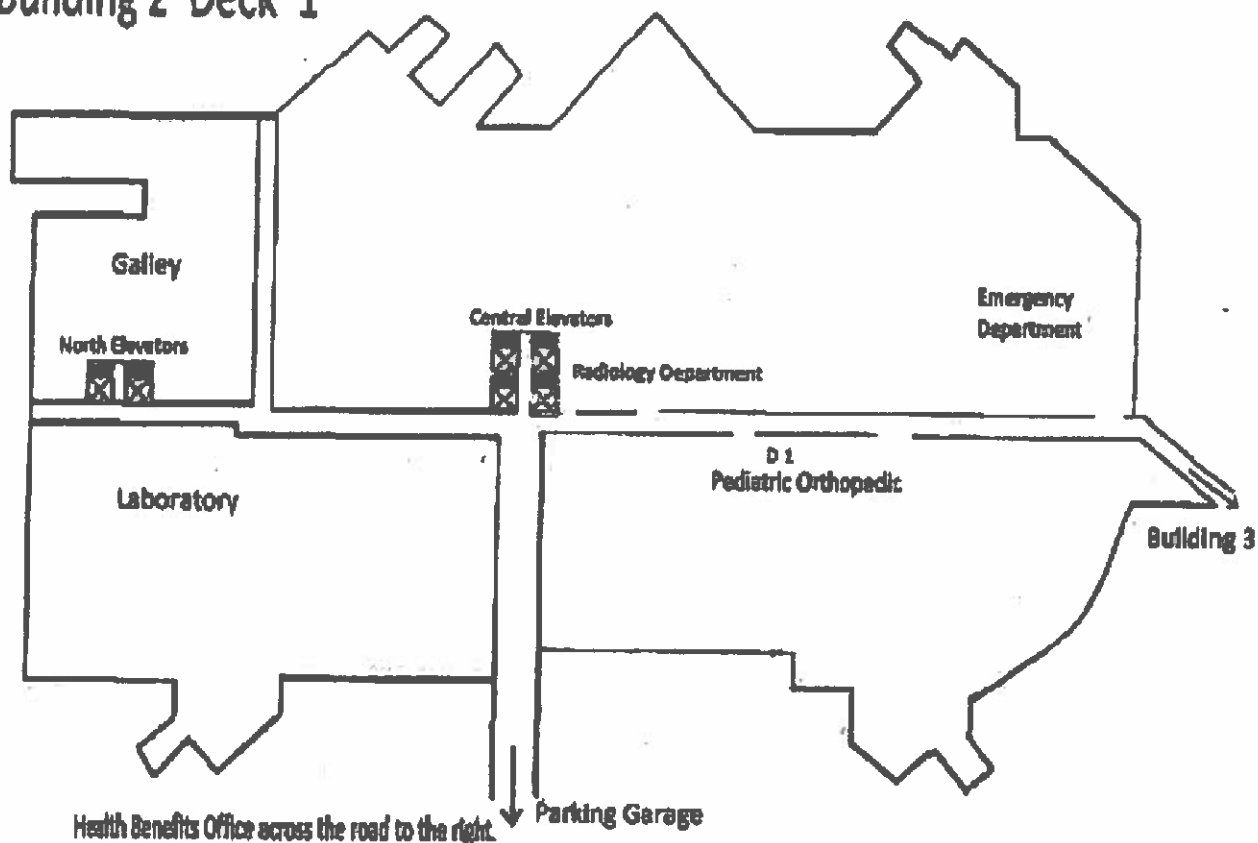
- **MHS Genesis Patient Portal:**  
<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>
- **Military Onesource**
  - <https://www.militaryonesource.mil/>
  - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
  - Optometry-NO referral required
- **Humana Military:** <https://www.humana.com>
- **Fleet and Family:** <https://www.navywmrlant.com/>
- **Health Information:**  
<https://healthychildren.org/English/Pages/default.aspx>

Date: \_\_\_\_\_

Today your child saw: \_\_\_\_\_



**Building 2 Deck 1**





# 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.

### ✓ 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](http://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 3/8 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 toys 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

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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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