

2 month check

Baby's Name _____

(please circle all that apply)

Since the last visit my baby has been fed:

only at the breast only the bottle breast and bottle other

My baby:

smiles at people coos/ "talks" tracks faces and objects

My child has seen the following specialists since our last visit: _____

My baby:

is with a parent full-time has a sitter/ nanny/ daycare

My baby's personality seems to be:

easy/ laid back hard to please/ fussy other

Baby sleeps on its:

back side tummy

The stress level in our family is:

low average pretty high

I have read the Vaccination Information Sheet and would like the following:

Pentacel (DTaP, HIB, Polio)

Prevnar (meningitis/pneumonia)

Rotateq (rotavirus - Severe diarrheal illness-this vaccine is oral, not a shot)

The insurance I have is through:

work the state health care exchange

Are there any recent or upcoming changes (moves, going back to work, etc.)?

yes no

Do you have any questions or concerns? (if yes, please list)