



Patient Name:

Date of Birth:

## Well Baby Check: 2 week visit questionnaire

**Development:**

Does your baby look at your face?	Yes	No
Does your baby respond to voices or sounds?	Yes	No
Do you have any concerns about how your baby sees or hears?	No	Yes
Does your baby move both arms and legs equally?	Yes	No
Who provides daytime care for your child?	_____	

**Nutrition:**

For Breastfeeding: How many minutes of feeding per side? \_\_\_\_\_ minutes

For bottle feeding: How many ounces per feeding? \_\_\_\_\_ oz of [breastmilk] [formula]

If you are giving formula, what brand are you using? \_\_\_\_\_

How often does your baby feed? Every \_\_\_\_\_ hours

How many feedings in 24 hours? \_\_\_\_\_ feedings

Do you give your baby a bottle of anything other than formula or breast milk? No Yes

Do you have any concerns about your baby's feeding/weight? No Yes

Baby's medications/vitamins/supplements: \_\_\_\_\_

Mother's medications/vitamins/supplements if giving breastmilk: \_\_\_\_\_

**Elimination:**

Does your baby have at least 6-8 wet diapers in 24 hours?	Yes	No	
Does your baby have a strong urine stream?	Yes	No	Unsure
Does your baby have soft, yellow poops?	Yes	No	

**Sleep:**

What is the longest time your baby sleeps at night without feeding? \_\_\_\_\_ hours

Do you always put your baby to sleep on her/his back? Yes No

Where does your baby sleep? \_\_\_\_\_

**Staying Healthy/Safety:**

Does your home have a working smoke detector?	Yes	No	
Is your water temperature set to less than 120 degrees?	Yes	No	N/A
Do you always place your baby in a rear-facing car seat in the back seat?	Yes	No	
Is your car seat the right one for the age and size of your baby?	Yes	No	
Does your baby spend time with anyone who smokes or vapes?	No	Yes	

Please list any new major family medical issues: \_\_\_\_\_

Who lives in the home with your child? \_\_\_\_\_

What plans for international travel do you have for the next 12 months? (where and how long)

\_\_\_\_\_

What concerns would you like to discuss today?

\_\_\_\_\_