



Patient Name: _____ DOB _____

Risk Assessment 4 Months

Begins to roll and reach for objects	Yes	No	Comment
Uses arms to lift chest	Yes	No	Comment
Keeps head steady when sitting up on your lap	Yes	No	Comment
Babbling	Yes	No	Comment
Smiles to get your attention	Yes	No	Comment
Wants to play	Yes	No	Comment
Can calm down on his own	Yes	No	Comment
Concerns about how child sees	No	Yes	Concerns
Concerns about how child hears	No	Yes	Concerns

Hip dysplasia risk:

Was baby breech in the last month of pregnancy?	No	Yes	Unknown	Comment
Was your child a multiple (twin, triplet, etc?)	No	Yes	Unknown	Comment
Is there a family history of hip dysplasia?	No	Yes	Unknown	Comment
Does your child have any neurological abnormalities (cerebral palsy, down syndrome, etc?)	No	Yes	Unknown	Comment

Anticipatory Guidance:

Home and car are smoke-free environment	Yes	No	Comment	
Can sleep 5-6 hours per night	Yes	No	Comment	
Sleeps on back	Yes	No	Comment	
Spends time on tummy when awake	Yes	No	Comment	
Breast or bottle	Breast Milk	Formula	Both	Comment
Vitamin D supplement regularly	Yes	No	N/A	
Regular car seat use	Yes	No	Comment	
Car seat rear facing	Yes	No	Comment	
Always stay in arms reach when bathing				
Even if using a bath seat	Yes	No	Comment	
Keep one hand on baby when changing diaper	Yes	No	Comment	
Home and car are smoke-free environment	Yes	No	Comment	
Aware that walkers are dangerous	Yes	No	Comment	