

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

DOB: \_\_\_\_\_

## 2 MONTH CHECK UP

Does your baby look at his or her hands?

No   
A Little   
Yes

When you face your baby, does he or she look at you, even if only for a little while?

No   
A Little   
Yes

Does your baby make sounds other than crying?

No   
A Little   
Yes

# Keep Going!



Does your baby try to keep his or her head steady?

No   
A Little   
Yes

Does your baby open his mouth when he sees the bottle, breast, or pacifier?

No   
Sometimes   
Yes

When you smile at your baby, does he or she smile back?

No   
Sometimes   
Most of the time

