WELL CHILD ASSESSMENT 7 TO 9 MONTHS

AGE:	WEIGHT:	LENGTH:	HEAD CIRC:	
TEMP:	PULSE	RESP.	HGB/HCT:	MA Signature:

INTERVAL HISTORY

Diet:

Illness:

Problems:

Immunization Reaction:

Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

- ☐ Sits Without Support
- ☐ Turns to Voice
- ☐ Feeds Self Cracker
- ☐ Bangs Objects
- ☐ Stranger Anxiety
- ☐ Creeps and Crawls
- ☐ Transfers Objects from One Hand to Another

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: Breast/Formula, Solids, Finger Foods, Cup, No Honey or Corn Syrup
Tobacco: Second-Hand Smoke
Safety: Nuts, Candy or Popcorn, Outlets, Stairs, Hot Water, Pools, Car Seats, Syrup of Ipecac, Lead Pottery, Folk Remedies
Parenting: Baby Crawl/Stand, Appetite, Spanking/ Shaking
Dental: Fluoride/Cleaning Gums, Avoid Sweets, No Bottle in crib, Teething Ring
☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PLAN

☐ Hepatitis B #3 ☐ DtaP #3 ☐ Hib #3 ☐ IPV #3

☐ Prevnar #3 or ☐ Prevnar Catch-up #1

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: _____

_____
Provider Signature