# Well Child Assessment 7 to 9 Months

**Age:**

**Weight:**

**Length:**

**Head Circ:**

**Temp:**

**Pulse:**

**Resp:**

**Hgb/Hct:**

**M.A. Signature:**

## Interval History

### Diet:
- [ ] Sits Without Support
- [ ] Turns to Voice
- [ ] Feeds Self Cracker
- [ ] Bangs Objects
- [ ] Stranger Anxiety
- [ ] Creeps and Crawls
- [ ] Transfers Objects from One Hand to Another

### Problems:

### Immunization Reaction:

### Parental Concerns:

## Physical Examination

<table>
<thead>
<tr>
<th>N</th>
<th>AB</th>
<th>Abnormalities/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>_</td>
<td>Nutrition: Breast/Formula, Solids, Finger Foods, Cup, No Honey or Corn Syrup</td>
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<tr>
<td>Nutrition</td>
<td>_</td>
<td>Tobacco: Second-Hand Smoke</td>
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<tr>
<td>Skin</td>
<td>_</td>
<td>Safety: Nuts, Candy or Popcorn, Outlets, Stairs, Hot Water, Pools, Car Seats, Syrup of Ipecac, Lead Pottery, Folk Remedies</td>
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<tr>
<td>Head, Neck &amp; Nodes</td>
<td>_</td>
<td>Parenting: Baby Crawl/Stand, Appetite, Spanking/Shaking</td>
</tr>
<tr>
<td>Eyes/Eq Reflex</td>
<td>_</td>
<td>Dental: Fluoride/Cleaning Gums, Avoid Sweets, No Bottle in crib, Teething Ring</td>
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<tr>
<td>ENT/Hearing</td>
<td>_</td>
<td>[ ] Growing Up Healthy Brochure given</td>
</tr>
<tr>
<td>Mouth/Dental</td>
<td>_</td>
<td>TB Risk Assessment: [ ] No Risk [ ] Risk</td>
</tr>
<tr>
<td>Heart</td>
<td>_</td>
<td>Assessment:</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Ext. Genitalia</td>
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<td>Back</td>
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<tr>
<td>Extremities/Hips</td>
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<td>Neurological</td>
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<tr>
<td>Fem. Pulses</td>
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## 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

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Well Child Assessment – 7 to 9 Months 3/30/00 PPCMC/AA