WELL CHILD VISIT

9 Month

Name _____Age in Months _____ Date of Visit _____

Concerns/Discussion

- ☐ Feeding
- ☐ Sleep
- ☐ Family concerns
- ☐ Illness/Accidents
- ☐ Other concerns
- ☐ Observe parent/Child interaction

Nutrition

- ☐ Breast _____ times/day
- ☐ Formula _____ bottles/day
  Type _____
- ☐ Solids _____ times/day
  Type _____

Guidance

- ☐ Breast or Fe fortified formula until 1 yr.
- ☐ Water, juice, formula in cup
- ☐ Increase variety/amount of table foods
- ☐ Gradually increase use of cup
- ☐ Choking hazards
- ☐ No honey during 1st year

Developmental/Behavioral

- ☐ Babbles/Repeats sounds
- ☐ Gestures (points, waves, "peek-a-boo")
- ☐ Understands name
- ☐ Creeps/Scoots
- ☐ Pulls to stand
- ☐ Sits
- ☐ Stranger/Separation anxiety
- ☐ Teething (discuss)
- ☐ Temperament/Parent description
  _____
  _____

Physical Exam

- ☐ General
- ☐ Wt _____ % _____
  Ht _____ % _____
  HC _____ % _____
  Monitor growth chart
- ☐ Temp _____
- ☐ Skin
- ☐ Nodes
- ☐ Head
- ☐ Eyes
- ☐ Ears
- ☐ Nose
- ☐ Oropharynx
- ☐ Neck
- ☐ Chest/Breast
- ☐ Lungs
- ☐ Cardiovascular
- ☐ Abdomen
- ☐ Genitalia
- ☐ Hips
- ☐ Neuro
- ☐ Evidence of Neglect/Abuse

Screening/Immunizations

Screening

- ☐ Hearing (exam & history)
- ☐ Vision (exam & history)
- ☐ Dental
  - Discuss fluoride
  - Exam and refer if abnormal
  - Educate on care
- ☐ Anemia Hct/Hgb

Immunizations

- ☐ Per ACIP schedule (Record below)

Anticipatory Guidance

- ☐ Car seat
- ☐ Injury/Accident prevention (falls, choking, burns, poisoning, drowning)
- ☐ Bedtime routine/Sleeping through the night
- ☐ Interacting with child (play, read, music)
- ☐ Pet safety
- ☐ Illness instructions

Immunizations given:

_____

_____

_____

Record all abnormal findings below.

_____

_____

_____

Assessment and Plan: _____

_____

PHN Referral (if indicated) _____ WIC Referral (if indicated) _____

Physician Signature: _____

Based on Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents

June 2001