

WELL CHILD EXAM-INFANCY: 6 Months

DATE _____

PATIENT NAME				DOB		SEX		PARENT NAME			
Allergies						Current Medications					
Prenatal/Family History						Chief Complaints					
Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)		
	%		%		%						

<p>Birth History <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section</p> <p>Birth Wt.: _____ Gestation: _____ Complications <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Interval History: (Include injury/illness, visits to other health care providers, changes in family or home)</p> <hr/> <hr/> <hr/> <hr/> <p>Apnea <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Monitor</p> <p>Nutrition</p> <p><input type="checkbox"/> Breast every _____ hours</p> <p><input type="checkbox"/> Formula _____ oz every _____ hours</p> <p style="padding-left: 20px;">With iron <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Type or brand _____</p> <p><input type="checkbox"/> City water <input type="checkbox"/> Well water</p> <p>Solids <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Elimination</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>Sleep</p> <p><input type="checkbox"/> Normal (6 - 8 hours at night) <input type="checkbox"/> Abnormal</p> <p>Additional area for comments on page 2</p> <p>WIC <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Maternal Infant Health Managed Care Program (MCP)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Name: _____</p> <p>Screening and Procedures:</p> <p><input type="checkbox"/> Oral Health Risk Assessment</p> <p><input type="checkbox"/> Subjective Hearing -Parental observation/ concerns</p> <p><input type="checkbox"/> Subjective Vision -Parental observation/ concerns</p> <p>Developmental Surveillance</p> <p><input type="checkbox"/> Social-Emotional <input type="checkbox"/> Communicative</p> <p><input type="checkbox"/> Cognitive <input type="checkbox"/> Physical Development</p> <p>Psychosocial/Behavioral Assessment</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Screening for Abuse <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If At Risk</p> <p><input type="checkbox"/> IPPD _____ (result)</p> <p><input type="checkbox"/> Lead level _____ mcg/dl</p> <p>Labs Done Today <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Immunizations:</p> <p>Follow AAP/AAFP/CDC guidelines</p> <p><input type="checkbox"/> Immunizations Reviewed</p> <p><input type="checkbox"/> Immunizations Given & Charted – <i>if not given, document rationale</i></p> <p><input type="checkbox"/> IMPACTSIIS checked/updated</p> <p><input type="checkbox"/> Acetaminophen _____ mg. q. 4 hours</p>	<p style="text-align: center;">Anticipatory Guidance/Health Education (√ if discussed)</p> <p><u>Safety</u></p> <p><input type="checkbox"/> Appropriate car seat placed in back seat</p> <p><input type="checkbox"/> Keep home and car smoke-free</p> <p><input type="checkbox"/> Avoid burns (stove, etc.); lower water heater temperature</p> <p><input type="checkbox"/> Don't leave baby alone in tub/high places</p> <p><input type="checkbox"/> Childproof home - (hot liquids, alcohol, poisons, medicines, outlets, cords, small-sharp objects, plastic bags, safety locks)</p> <p><input type="checkbox"/> Keep in highchair/playpen when in kitchen</p> <p><input type="checkbox"/> Limit time in sun/use sunscreen on baby</p> <p><input type="checkbox"/> Don't use baby walkers</p> <p><u>Nutrition</u></p> <p><input type="checkbox"/> Breastfeed or give iron-fortified formula</p> <p><input type="checkbox"/> Cup for water/juice – limit juice</p> <p><input type="checkbox"/> Avoid foods that contribute to allergies</p> <p><input type="checkbox"/> Introduce solid foods at 4-6 months</p> <p><input type="checkbox"/> Wait one week or more to add new food</p> <p><u>Oral Health</u></p> <p><input type="checkbox"/> Don't put baby to bed with bottle</p> <p><input type="checkbox"/> Discuss teething</p> <p><input type="checkbox"/> Assess fluoride/clean baby's teeth daily</p> <p><u>Infant Development</u></p> <p><input type="checkbox"/> Use upright seat so baby can see family</p> <p><input type="checkbox"/> Talk, sing, play music, and read to baby</p> <p><input type="checkbox"/> Daily and Bedtime Routine (put baby to bed awake)</p> <p><input type="checkbox"/> Safe Exploration Opportunities</p> <p><input type="checkbox"/> Put baby to sleep on back/Safe Sleep</p> <p><u>Family Support and Relationships</u></p> <p><input type="checkbox"/> Family Planning</p> <p><input type="checkbox"/> Chose responsible babysitters</p> <p><input type="checkbox"/> Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression</p> <p><input type="checkbox"/> Consider parenting classes/support groups/Playgroups</p> <p>Other Anticipatory Guidance Discussed:</p> <hr/> <hr/> <hr/> <p style="text-align: center;">Next Well Check: 9 months of age</p> <p style="text-align: center;">Developmental Questions and Observations on Page 2</p> <p>Provider Signature: _____</p>
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<p>Patient Unclothed <input type="checkbox"/> Y <input type="checkbox"/> N</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Review of Systems</th> <th colspan="2">Physical Exam</th> <th rowspan="2">Systems</th> </tr> <tr> <th>N</th> <th>A</th> <th>N</th> <th>A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>General Appearance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skin/nodes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Head/fontanel</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Eyes</td></tr> 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<hr/> <p>(see additional note area on next page)</p> <p>Results of visit discussed with parent <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Plan</p> <p><input type="checkbox"/> History/Problem List/Meds Updated</p> <p><input type="checkbox"/> Referrals</p> <p style="padding-left: 20px;"><input type="checkbox"/> WIC <input type="checkbox"/> Help Me Grow™ <input type="checkbox"/> Transportation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Maternal Infant Health MCP</p> <p style="padding-left: 20px;"><input type="checkbox"/> Children Special Health Care Needs</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other referral _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p>	Review of Systems		Physical Exam		Systems	N	A	N	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input 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Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes No

 Please tell me any concerns about the way your baby is behaving or developing:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My baby seeks comfort when upset. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby smiles and laughs. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby says things like “da da” or “ba ba”. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby eats some solid foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby sits with help/support. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby can pick up objects. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby likes to look at and be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby rolls over. |

Ask the parent to respond to the following statements:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my baby more days than not. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a daily routine that seems to work. |
| <input type="checkbox"/> | <input type="checkbox"/> | I keep in contact with family and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Infant Development			Parent Development		
Turns to sounds/voices	Yes	No	Parent shows confidence with baby	Yes	No
Can be comforted most of the time	Yes	No	Parent comforts baby effectively	Yes	No
Smiles, squeals and laughs responsively	Yes	No	Parent and baby are interested in and respond to each other	Yes	No
Has no head lag when pulled to sit	Yes	No	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable	Yes	No
			Parent notices and responds to baby's wants and needs	Yes	No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Baby's Health at 6 Months

Milestones

Ways your baby is developing between 6 and 9 months of age.

- Plays games like “peek-a-boo”
- Babbles, imitates vocalizations
- Responds to own name
- Feeds herself with fingers and starts to drink from cup
- Enjoys a daily routine
- Sits up well and may pull to stand
- Crawls, creeps, moves forward by scooting on bottom
- May be unsure of strangers
- May comfort self by sucking thumb or holding special toy
- May get upset when separated from familiar person

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Toy and Baby Product Safety:

Consumer Product Safety Commission, 1-800-638-2772 or www.cpsc.gov/

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.usa.safekids.org/

If you're concerned about your child's development:

Bureau for Children with Medical Handicaps, ODH 1-800-755-4769 (Parents). Visit the Website at: <http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx>

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at <http://www.cdc.gov/vaccines>.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at <http://www.ndvh.org/>

For help finding childcare:

Bureau of Child Care and Development -800.886.3537 <http://www.odjfs.state.oh.us/cdc/query.asp>

Safety Tips

Make your home safe before for your baby starts to crawl. You will need to keep doing this for several years.

- Put away small objects and things that break
- Tape electric cords to the wall; put covers on outlets
- Put safety gates at the top and bottom of stairs
- Store poisons and pills in a locked cabinet
- Poison Control Center: 1-800-222-1222

Baby walkers cause more injury than any other baby product. Instead of a walker, use a seat without wheels or put your baby on his tummy on the floor.

Health Tips

Signs that your baby is ready to start solid food:

- She can sit up with little or no support
- She shows you she wants to try your food
- She can use her tongue to push food into her throat

Your baby will let you know when he has had enough to eat. Stop feeding your baby when he spits food out, closes his mouth, or turns his head away.

Let your baby begin to learn to drink from a cup. Put water, breast milk, or formula in it. Don't let your baby take a bottle to bed.

Continue to put your baby to sleep on her back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by herself in a crib or portable crib.

Parenting Tips

Show your baby picture books and talk about the pictures. Sing simple songs and say nursery rhymes over and over.

Give your baby plenty of time to play on his tummy on the floor. Put toys just out of reach so he will try to crawl. Start playing simple games together like “Peek-a-Boo”, “Pat-a-Cake” and “So Big”.

Make regular times for eating, sleeping and playing with your baby.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (<http://www.parenting.org/hotline/index.asp>) They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.