

WELL CHILD EXAM-INFANCY: 9 Months

DATE

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

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition
☐ Breast every _____ hours
☐ Formula _____ oz every _____ hours
 With iron ☐ Y ☐ N
 Type or brand _____
☐ City water ☐ Well water
 Solids ☐ Y ☐ N
Elimination
☐ Normal ☐ Abnormal
Sleep
☐ Normal (8-10 hours at night) ☐ Abnormal
 Additional area for comments on page 2

WIC
☐ Y ☐ N
Maternal Infant Health Program
☐ Y ☐ N

Screening and Procedures:
☐ Oral Health Risk Assessment
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns
☐ LABS
Standardized Developmental Screening
☐ Completed Tool Used _____
 RESULTS: ☐ No Risk ☐ At Risk
Psychosocial/Behavioral Assessment
☐ Y ☐ N
Screening for Abuse ☐ Y ☐ N
If At Risk
☐ Lead level _____ mcg/dl

Immunizations:
☐ Immunizations Reviewed
☐ Immunizations Given & Charted – *if not given, document rationale*
 Refer to AAP Guidelines
☐ IMPACTSIIS checked/updated

Patient Unclothed ☐ Y ☐ N

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 type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/ palate/ teeth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

☐ **Abnormal Findings and Comments**

(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated

☐ Referrals

☐ WIC ☐ Help Me Grow ☐

Transportation

☐ Maternal Infant Health Program (MIHP)

☐ Children Special Health Care Needs

☐ Other referral _____

☐ Other _____

Anticipatory Guidance/Health Education
(✓ if discussed)

Safety

☐ Appropriate car seat placed in back seat

☐ Pool/water safety

☐ Poison Control Center: 1-800-222-1222

☐ Childproof home - (hot liquids, cigarettes, alcohol, poisons, medicines, outlets, gun safety, cords, small/sharp objects, plastic bags)

☐ Never shake baby

☐ Limit time in sun/use hat & sunscreen

☐ Check home for lead poisoning hazards

Nutrition

☐ Breastfeed or give iron-fortified formula

☐ Encourage self-feeding, cup use

☐ 3 meals and 2-3 snacks w/variety of foods

☐ Avoid foods that contribute to allergies

☐ Increase soft, moist table foods gradually

Infant Development

☐ Talk, sing, play games and read to baby

☐ Consistent Daily/Bedtime Routine

☐ Changing sleep patterns

☐ Safe Exploration Opportunities

☐ Play Pat a Cake, Peek a Boo, So Big

☐ Crib Safety/lower mattress

☐ Avoid TV, videos, computers

Family Support and Relationships

☐ Make time for self, partner, friends

☐ Set examples and use simple words to discipline – don't yell at, hit or shake baby

☐ Use consistent positive discipline

☐ Discuss baby's explorations w/siblings

☐ Chose responsible caregivers

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:

Next Well Check: 12 months of age

A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 9 month visit.

Provider Signature: _____

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Developmental Questions and Observations

A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 9 month visit.

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 understands some words. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby shows feelings by smiling, crying and pointing. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby says things like “da da” or “ba ba”. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby can feed self with fingers. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby likes to be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby is interested and explores new things. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby is able to be happy, mad and sad. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby can move around on his/her own. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby plays games like “peek-a-boo”, “so big” or “pat-a-cake”. |

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. A standardized developmental screening tool should be administered at the 9 month visit (Medicaid required-Tool Used: _____). In addition, the following should be observed:

Infant Development			Parent Development		
Responds to own name.	Yes	No	Shares baby's smiles	Yes	No
Seeks parent/caregiver for reassurance	Yes	No	Talks to the baby in positive terms	Yes	No
Uses inferior pincer grasp	Yes	No	Touches the baby gently	Yes	No
Shows interest in things around them	Yes	No	Responsive, gentle and protective of the baby	Yes	No
Sits without support	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. (<i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i>)		

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Baby's Health at 9 Months

Milestones

Ways your baby is developing between 9 and 12 months of age.

- Pulls self up and moves holding onto furniture
- May start walking
- Points at things she wants
- Drinks from a cup and feeds himself
- Plays games such as Pat-a-Cake and Peek-a-Boo
- Says 1-3 words (besides "mama," "dada")
- Enjoys books
- Seeks parent for reassurance
- Picks thing up with thumb and one finger
- Is able to be happy, mad and sad

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

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Prevention of Unintentional childhood injuries:

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

For information 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/cmhc/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/>

Poison Control Center: 1-800-222-1222

Health Tips:

Wash your hands often; especially after diaper changes and before you feed your baby. Wash your baby's toys with soap and water.

Slowly add foods that feel different to your baby. Foods that are crushed, blended, mashed, small chopped pieces, and soft lumps – foods like mashed vegetables or cooked pasta.

Let your baby drink some water, breast milk, or formula from a cup.

Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by herself in crib or portable crib.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Keep your baby's new teeth healthy. Clean them after feedings. Use the corner of a clean cloth or a tiny, soft toothbrush. Don't let your baby take a bottle to bed.

Parenting Tips:

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

Make your home safe and encourage your baby to explore.

Babies develop in their own way. Your baby should keep learning and changing. If you think he is not developing well, talk to your doctor or nurse.

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.

Safety Tips

Always watch your baby in the bathtub. Drowning can happen quickly and silently in only a few inches of water. Take your baby with you if you have to leave the room.

Buckle up your baby in a car seat facing the rear of the car for the first year. Keep your baby in the back seat. It's the safest place for children to ride.