PEDIATRIC VISIT 6 to 8 MONTHS

DATE OF SERVICE_____

NAME_____ M / F DATE OF BIRTH_____ AGE_____

WEIGHT_____/_____% HEIGHT_____/_____% HC_____/_____% TEMP_____

HISTORY:

Family health history documented & updated?_____
Perinatal history documented & updated?_____
Reactions to immunizations? Yes / No_____
Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Sleep: **Child care:**

Recent changes in family: *(circle all that apply)*
New members, separation, chronic illness, death, recent move, Loss of job, other_____

Environment: Smokers in home? Yes / No

Violence Assessment:
History of injuries, accidents? Yes / No
Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT: (by questionnaire)

TB (required at **6mos.)** **LEAD**

Pos / Neg Pos / Neg

PHYSICAL EXAMINATION (unclothed)

Wnl	Abn	*(describe abnormalities)*
☐	☐	Appearance/Interaction
☐	☐	Growth
☐	☐	Skin
		_____
☐	☐	Head/Face/Fontanelles
☐	☐	Eyes/Red reflex/Cover test
☐	☐	Ears
☐	☐	Nose
☐	☐	Mouth/Gums/Number of Teeth
		_____
☐	☐	Neck/Nodes
☐	☐	Lungs
		_____
☐	☐	Heart/Pulses
☐	☐	Chest/Breasts
		_____
☐	☐	Abdomen
☐	☐	Genitals
		_____
☐	☐	Extremities/Hips/Feet
☐	☐	Neuro/Reflexes/Tone
		_____
☐	☐	Vision *(gross assessment)*
☐	☐	Hearing *(gross assessment)*

_____

NUTRITIONAL ASSESSMENT:

Breast/bottle: Amount & frequency _____

Bowel/bladder: Number of wet_____, dry_____ in 24 hours?
Number BM's in 24 hours? _____

Education: Introduce single ingredient food weekly ☐
Offer cup ☐ Jar/table foods ☐ Avoid small hard foods ☐
Encourage self-feeding ☐ Only water in bedtime bottle ☐

DEVELOPMENTAL SURVEILLANCE: *(**O**bserved or **R**eported)*

Social: Shy with strangers ☐ Resists pull toy ☐ Plays peek-a-boo ☐

Fine Motor: Transfers toy hand to hand ☐ Feeds self crackers ☐ Works for toy out of reach ☐

Language: Dada or Mama (non-specific) ☐ Turns to voice ☐
Imitates speech sounds ☐

Gross Motor: Sits alone ☐ Stands holding on ☐
Bears weight on legs ☐ No head lag when pulled to sitting ☐

ANTICIPATORY GUIDANCE:

Social: Fear of strangers ☐ Separation anxiety ☐

Parenting: Emphasize protection over discipline ☐
Temper tantrums: ignore, distract ☐
May need reassurance for separation anxiety ☐

Play and communication: Water and sand play ☐
Toys with moving parts, holes, strings to pull ☐
Beginning speech sounds ☐

Health: Fluoride if well water ☐ Second hand smoke ☐
Clean teeth ☐ Use sunscreen ☐

Injury prevention: Rear riding/rear facing infant car seat ☐
Smoke detector/escape plan ☐ Baby proof home ☐
Hot water set at 120º ☐ Poison control # ☐
Choking/suffocation ☐ Fall prevention (heights) ☐
Firearms (owner risk/safe storage) ☐ Hot liquids ☐
Water safety (tub/pool) ☐ Don't leave unattended ☐

PLANS/ORDERS/REFERRALS

1. Immunizations ordered (including influenza)☐
   _____
2. Lead test, if positive risk assessment ☐ _____
3. Follow up newborn hearing screen ☐ _____
4. Fluoride Varnish Applied? Yes / No
5. Next preventive appointment at 9 months ☐
6. Referrals for identified problems? *(specify)*

_____

_____

Signatures:_____