**PEDIATRIC VISIT 9 to 11 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, include referral)

**TB (**if not done @6mos**.) LEAD**

Pos / Neg Pos / Neg

## PHYSICAL EXAMINATION: (unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

**** **** Skin

**** **** Head/Face

**** **** Eyes/Red reflex/Cover test

# NUTRITIONAL ASSESSMENT:

**Breast/bottle:** Amount & frequency **Bowel/bladder:** Number of wet , dry in 24 hours? Number BM's in 24 hours?

**Education:** Jar/table foods **** Offer cup **** Avoid small hard foods **** Encourage self-feeding/finger foods **** Expect messiness/playing with food **** Water only bedtime bottle ****

**DEVELOPMENTAL SCREENING:** *(With Standardized Tool)*

**REQUIRED**

**ASQ: ** **PEDs ** **Other: ** *(specify)* **Results:** Pass/Fail **** **Areas of Concern**: **Referred:** Yes / No **Where**?

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

**Social:** Shy with strangers **** Plays patty cake ****

Looks for fallen object ****

**Fine Motor:** Bangs two cubes **** Pincer grasp **** Reaches, grabs **** Feeds self **** Drinks from cup ****

**Language:** Dada or Mama (specific) **** Babbles ****

Imitates speech sounds ****

**Gross Motor:** Gets to sitting **** Pulls self to stand ****

**ANTICIPATORY GUIDANCE:** *(Check all that were discussed)*

**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

**** **** Ears

**** **** Nose

**** **** Mouth/Dentition (# of teeth)

**** **** Neck/Nodes

**** **** Lungs

**** **** Heart/Pulses

**** **** Chest/Breasts

**** **** Abdomen

**** **** Genitals

**** ****

parts, holes, strings to pull **** Beginning speech sounds **** **Health:** Fluoride if well water **** Second hand smoke **** Clean teeth with soft toothbrush or cloth **** Use sunscreen **** **Injury prevention:** Rear riding/rear facing infant car seat **** Smoke detector/escape plan **** Poison control# ****

Hot liquids **** Hot water set at 120º **** Water safety (tub, pool) ****

Choking/suffocation **** Firearms (owner risk/safe storage) ****

Fall prevention (heights) **** Baby proof home ****

Don’t leave unattended ****

# PLANS/ORDERS/REFERRALS

1. Immunizations ordered (including influenza) ****

Extremities/Hips/Feet

**** **** Neuro/Reflexes/Tone

1. Lead test referral (if positive risk assessment) ****
2. Fluoride Varnish Applied? Yes / No

**** **** Vision *(gross assessment)*

**** **** Hearing *(gross assessment)*

1. Next preventive appointment at 12 months ****
2. Referrals for identified problems? *(specify)*

**Signatures:**

*https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx* ***Maryland Healthy Kids Program*** *2020*