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
☐	☐	Ears
☐	☐	Nose
☐	☐	Mouth/Dentition (# 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: 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 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) ☐
   _____
2. Lead test referral (if positive risk assessment) ☐_____
3. Fluoride Varnish Applied? Yes / No_____
4. Next preventive appointment at 12 months ☐ _____
5. Referrals for identified problems? *(specify)*_____

_____

Signatures:_____