

Well Child Exam



Infancy: 9 months

Date										
Patient name		DOB		Sex		Parent name				
Allergies				Current medications						
Prenatal/family history						Ethnicity				
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 W/iron Y N

Type or brand _____

City water Well water Fluoride Rx

Solids Y N

Elimination

Normal Abnormal

Sleep

Normal (8 - 10 hours at night) Abnormal

Abnormal findings and comments
If yes, see additional note area on next page

Screening

Hearing

Responds to voice & noise (parent report)

Responds to noisemaker (optional)

Parental observation/concerns

Subjective hearing - Parental observation/concerns

Vision

Fixes and follows

Parental observation/concerns

Developmental surveillance

Social-emotional Communicative

Cognitive Physical development

Psychosocial/behavioral assessment Y N

Screening for abuse Y N

If at risk IPPD _____ (result)

Lead poisoning

Test date _____ Lead level _____ mcg/dl

Hct or Hgb _____ (required for Medicaid)

If Risk: IPPD _____ (result)

Immunizations

Immunizations reviewed, given and charted – if not given, document rationale

DTaP IPV HepB Hib PCV

MCIR checked/updated VIS given Rota

Acetaminophen _____ mg. q. 4 hours

WIC Y N

Maternal Infant Health Program (MIHP) Y N

Developmental questions and observations on page 2

Patient unclothed Y N

Review of symptoms		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/rash
<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
<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
If yes, see additional note area on next page

Results of visit discussed with parent Y N

Plan

History/problem list/meds updated

Referrals

WIC Early On Transportation

Maternal Infant Health Program (MIHP)

Children special health care needs

Priority Health Case Mgmt 800 998-1037

Other _____

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:
X _____

Anticipatory guidance/health education
(√ if discussed)

Healthy and safe habits

Injury and illness prevention

Keep home and car smoke-free

Keep Poison Control number handy

Poison Control Center: 800 222-1222

Appropriate car seat placed in back seat

Pool/water safety

Know signs of illness/emergency procedures, learn first aid/CPR

Water temp. <120 degrees

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

Crib Safety

Never shake baby

Limit time in sun/use hat & sunscreen

Check home for lead poisoning hazards

Don't use baby walkers

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

Supervise eating/ Avoid choking foods

Increase soft, moist table foods gradually

Oral health

Don't put baby to bed with bottle

Discuss fluoride

Brush baby's teeth with a soft toothbrush & water

Parent-infant interaction

Use words to set simple limits – don't yell or hit

Talk, sing, and read to baby; play games, music

Give same comfort object

Daily/bedtime routine (put baby to bed awake)

Safe exploration opportunities

Consistent daily/bedtime routine

Changing sleep patterns

Crib safety/lower mattress

Avoid TV, videos, computers

Pat a Cake, Peek a Boo, So Big

Family support and relationships

Spend time alone with your partner

Keep in contact with friends, family

Discuss baby's explorations w/siblings

Use consistent positive discipline

Family planning

Chose responsible caregivers

Substance abuse, domestic violence, depression

Community interaction

Discuss community resources

Discuss child care, work hours

Other anticipatory guidance discussed:

Date	Patient name	DOB
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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	
<input type="checkbox"/>	<input type="checkbox"/>	Please tell me any concerns you have about the way your baby is behaving or developing:
<hr/>		
<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. (You may use the following screening list, or a standardized developmental instrument or screening tool). A standardized developmental screening tool should be administered (Medicaid required recommended) at the 9 month visit.

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:

Family history update

Since your last visit, have there been any changes in your family history? Include:

Deaths: who _____ what age _____

New medical diagnosis: who _____ what age _____

Anything else in your family history you have concerns or questions with: (Refer to family history form)

Staff signature: _____ **Provider signature:** _____

Patient education

Infancy: 9 months

Milestones: Ways your baby is developing between 9 and 12 months

- Stands up and moves holding on to furniture, may start walking
- Points at things he/she wants
- Drinks from a cup and feeds himself/herself
- Plays games (pat-a-cake, peek-a-boo), enjoys books
- Says 1-3 words (besides “mama,” “dada”)
- Seeks parent for reassurance
- Is able to comfort self by sucking thumb or holding special toy or blanket
- Is able to be happy, mad and sad
- Picks thing up with thumb and one finger

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.
- Poison Control Center: 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.
- Add soft, moist table foods gradually (tuna, cooked mashed vegetables, spaghetti).
- 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 him/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 using the corner of a clean cloth or a tiny, soft toothbrush. Don't let your baby take a bottle to bed.
- Be sure to schedule your baby's well-child visits at 12 and 15 months of age.
- Ask your doctor to test your child for lead poisoning at 12 and 24 months of age.
- 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.

Parenting tips

- Read to your baby. Show your baby picture books and talk about the pictures. Sing songs and say nursery rhymes.
- Make a safe environment at home to encourage baby to explore.
- Babies develop in their own way. Your baby should keep learning and changing. If you think he/she 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:
 - Make sure your child is in a safe place (like a crib) and walk away.
 - Call a good friend to talk about what you are feeling.
 - Call the Parent Helpline at 800 942-4357 (in Michigan). It's free! They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

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For help or more information

Priority Health

Customer Service 616 942-1221 or 800 446-5674

Medicaid 888 975-8102

Behavioral Health 616 464-8500 or 800 673-8043

priorityhealth.com

Depression

Surrounding pregnancy and childbirth

depressionafterdelivery.com/Home.asp

Domestic violence

National Domestic Violence Hotline

800 799-SAFE (7233), ndvh.org

Breastfeeding, Food and Health Information:

Women, Infant, and Children (WIC) Program

800 262-4784

The National Women's Health Information Center Breastfeeding Helpline

800 994-WOMAN (9662), 4woman.gov/breastfeeding

LA LECHE League 800 LALECHE (525-3243), lalecheleague.org

Special health care needs

Children Special Health Care Services, MDCH Family, 800 359-3722

Car seat safety

Auto Safety Hotline 888 327-4236 or online at safercar.gov

To locate a Child Safety Seat Inspection Station, call 866 SEATCHECK (732-8243) or online at seatcheck.org

Childhood development

Early On Michigan 800 327-5966

Michigan Head Start Association 517 374-6472

Childhood immunizations

National Immunization Program Hotlines

800 232-2522 (English) or 800 232-0233 (Spanish), cdc.gov/vaccines

Childcare

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services

517 373-8300

Lead screening

Michigan Department of Community Health Hotline

800 648-6942. Visit the Michigan Bridges 4 Kids lead website at bridges4kids.org/lead.html

or contact the Childhood Lead Poisoning Prevention Project at 517 335-8885

Prevention of unintentional childhood injuries:

National Safe Kids Campaign 202 662-0600, usa.safekids.org