

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

Date: \_\_\_\_\_

**7 - 9 MONTHS**

<b>NURSING INTAKE</b>					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth chart completed: [ ]		
Abuse:			Notes:		
Alternate health care provider:			MA signature:		
<b>INTERVAL HISTORY</b>		Has WIC: Yes / No	Physical activity:		
Diet:		Breastfeed or Bottle	Stools:	Meds./Vits.:	
Illnesses:			Sleep position:		
Accidents:			Exposure to tobacco smoke:	TB Risk: Yes / No	
<b>GROWTH-DEVELOPMENT: Developmental screen:</b> _____ [ ]					
[ ] Sits without support		[ ] Begins to creep and crawl		Mama, Dada indiscriminately	
[ ] Feeds self cracker		[ ] Looks for toys dropped		[ ] Teeth	
[ ] Transfers object hand to hand					
<b>PARENTAL CONCERNS:</b>					
<b>PHYSICAL EXAMINATION</b>					
General Appearance [ ] Well nourished and developed		Teeth [ ] Grossly normal			
[ ] No abuse/neglect evident		Heart [ ] No murmurs, regular rhythm			
Head [ ] Symmetrical, A.F. open _____ cm		Lungs [ ] Breath sounds normal bilaterally			
Eyes [ ] Conjunctivae, sclerae, pupils normal		Abdomen [ ] Soft, no masses, liver & spleen normal			
[ ] Red reflexes present		Genitalia: Male [ ] Normal appearance, circ./uncirc.			
[ ] Appears to see [ ] No strabismus		[ ] Testes in scrotum			
Ears [ ] Canals clear, TMs normal		Female [ ] No lesions, nl external appearances			
[ ] Appears to hear		Hips [ ] Good abduction			
Nose [ ] Passages patent		Femoral pulses [ ] Present and equal			
Mouth & pharynx [ ] Normal color, no lesions		Extremities [ ] No deformities, full ROM			
Neck [ ] Supple, no masses palpated		Skin [ ] Clear, no significant lesions			
		Neurologic [ ] Alert, moves extremities well			
<b>ASSESSMENT:</b>					
<b>PLAN:</b>					
<b>ORDERS:</b> [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given [ ] Iron supplement (if indicated)					
[ ] DTaP	[ ] Hep B	[ ] WIC Referral			
[ ] IPV	[ ] Prevnar	[ ] Immunization registry entry			
[ ] Hib	[ ] Influenza vaccine	[ ] Rx for fluoride .25/.50 mg QD, refill till age 2			
[ ] HCT (9-12 months)	[ ] Fluoride varnish application	[ ] Rotavirus	[ ] PPD (if indicated)		
<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>					
Behavior: Sitting, crawling, creeping, trying to pull self up.			Education on Fluoride varnish treatment.		
Injury and violence: No food chunks or hard objects the size of a baby's pinky, smoke detector, poisoning risk, drug and toxic chemical storage, poison center phone number, burns: hot liquids and foods, water/ pool safety, lead poisoning prevention, smoking at home, gun lock, pool and bathtub safety.					
Guidance: Decrease in appetite, understands "no" but not discipline, brush teeth, no bottle recumbent.					
toddler car seat, childcare plan, breastfeeding, teething problems, no aspirin use, dental hygiene, sun screen.					
[ ] Refer to appropriate agency.					

Next appointment [ ] 3 months or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_