SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 6 MONTHS

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: ☐ N ☐ Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

☐ No Concerns

_____

_____

_____

PAST MEDICAL HISTORY

Allergies _____ Immunization reactions _____

Other _____

_____

_____

PRESENT HISTORY

Medications: _____

Diet & Feeding: _____

Formula/Breast milk _____ Solids _____

Bowel movements _____

Sleep (alone?) _____

DEVELOPMENT

Roll prone/supine _____ Weight-bearing _____

Reach & grasp _____ Object transfer _____

Squeals/imitates _____ Try to sit _____

SOCIAL/FAMILY

Child Care _____

_____

FAMILY HISTORY

Smoke Exposure _____

Other _____

_____

_____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ % _____ Weight _____ % _____

HC _____ % _____ Temp _____ Pulse _____ RR _____

N	AB		COMMENTS
☐	☐	Gen. Appearance	
☐	☐	Skin	
☐	☐	Head/Fontanel	
☐	☐	Eyes/RR/Strabismus	
☐	☐	Ears/Nose/Oropharynx	
☐	☐	Neck/Nodes	
☐	☐	Chest/Lungs	
☐	☐	Cardiovascular/Pulses	
☐	☐	Abdomen	
☐	☐	Genitalia	
☐	☐	Musculoskeletal/Hips	
☐	☐	Neuro/Reflexes	
☐	☐	Hearing	
☐	☐	Vision	

ANTICIPATORY GUIDANCE

Diet

- ☐ Continue Breast/formula
- ☐ Balanced food groups
- ☐ No juices/sugar

Development

- ☐ Toys/mirrors/pictures/books
- ☐ Toys- rattle, spoon, cup, ball
- ☐ Talking to baby/music
- ☐ Plays games (Patty Cake)

Injury Prevention

- ☐ Car Seat
- ☐ No walker
- ☐ Gates on stairs
- ☐ Childproof home
- ☐ Bathtub safety
- ☐ Smoke detectors
- ☐ No plastic bags/balloons

Medical Education

- ☐ Review immunizations
- ☐ Acetaminophen/Motrin dose
- ☐ Telephone

Dental Education

- ☐ Teething
- ☐ Clean teeth
- ☐ No bed bottle
- ☐ Flouride?

IMMUNIZATIONS: ☐ DTaP/IPV/HIB ☐ Prevnar

☐ Rotateq ☐ Other _____

☐ Vaccine Information Sheet given & discussed

Vaccine concerns? ☐ No ☐ Yes: Resolved Deferred Refused

Comments _____

If vaccines not given, form signed? ☐ No ☐ Yes

ASSESSMENT/RECOMMENDATIONS

☐ Healthy infant _____

_____

_____

☐ Return for 9 month checkup

_____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling