SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 9 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:

Breast or Formula (24-30 oz.) _____

Solids _____

Table/Finger Foods _____

Introduce Cup _____

Bowel movements _____

Sleep _____

SOCIAL

Child Care _____

Stranger Anxiety _____

FAMILY HISTORY

Smoke Exposure _____

Other _____

_____

_____

Information completed by: _____

Relationship to child: _____

ASQ FORM:

☐ **REVIEWED**

RESULTS: ☐ **N** ☐ **AB**

☐ **REFERRED** _____

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

- ☐ Dairy Products
- ☐ Balanced food groups
- ☐ Healthy snacks
- ☐ Stairs/doors
- ☐ Small foods & objects/Choking
- ☐ Poison prevention/meds locked up

Development

- ☐ Space to explore
- ☐ Games/stacking toys
- ☐ Stranger anxiety
- ☐ Talk to child
- ☐ Reading/Music

Medical Education

- ☐ Temp taking/fever control
- ☐ Acetaminophen/Motrin dose
- ☐ Shoes
- ☐ Telephone
- ☐ Poison Control #

Injury Prevention

- ☐ Rear-facing car seat
- ☐ Childproof home
- ☐ Burn safety/hot objects & liquids

Dental Education

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

LABS: ☐ Hgb _____ ☐ Other _____

IMMUNIZATIONS: ☐ Hep B ☐ 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 12 month checkup

_____, M.D.

SICK VISIT – Mod 25
CC:

HPI:

MDM:

>50% of _____ min visit spent counseling