



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

7 - 9 MONTHS

NURSING INTAKE					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Chart Completed: []		
Abuses:			Notes:		
Alternate health care provider:			MA Signature		
INTERVAL HISTORY		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	
GROWTH-DEVELOPMENT: Developmental screen: _____ [] Mama, Dada indiscriminately					
[] Sits without support [] Begins to creep and crawl					
[] Feeds self cracker [] Looks for toys dropped					
[] Transfers object hand to hand [] Teeth					
PARENTAL CONCERNS:					
PHYSICAL EXAMINATION					
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		
ASSESSMENT:					
PLAN:					
ORDERS: [] 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)			
ANTICIPATORY GUIDANCE: Circle if discussed					
Behavior: Sitting, crawling, creeping, trying to pull self up			Education on Fluoride varnish treatment		
Injury & 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 _____