



Name: _____ DOB: _____ Actual Age: _____
Language Spoken _____ Interpreter Name _____

Date: _____

10 - 11 MONTHS

NURSING INTAKE					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Charts Completed: []		
Abuse:			Notes:		
Alternate health care provider:			MA Signature		

INTERVAL HISTORY	Has WIC: Yes / No	Physical activity:
Diet:	Breastfeed or Bottle	Stools:
Accidents:		Meds./Vits.:
Illnesses:		Exposure to tobacco smoke:
		TB Risk: Yes / No

GROWTH-DEVELOPMENT:			
[]	Pulls self to standing	[]	Thumb-finger grasp
[]	Stands holding on	[]	Plays pat-a-cake
[]	Holds cup to drink	[]	Walks with help
[]	Dada, Mama	[]	Scribbles

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 (if not up to date)	[] Pevnar (if not up to date)
[] Hib (if not up to date)	[] Influenza vaccine
[] Hep B (if not up to date)	[] IPV (if not up to date)
[] Immunization registry entry	[] Fluoride varnish application
	[] Rx for fluoride .25/.50 mg QD, refill till age 2
	[] HCT (9-12 months)
	[] WIC Referral [] PPD (if indicated)

ANTICIPATORY GUIDANCE: Circle if discussed
Diet: Intro meats and proteins, mashed table food, finger foods, start feeder cup, milk, junk food, weaning, breastfeeding, normal decreased appetite, no bottle in bed
Behavior: Minor discipline, pulls to standing
Education on Fluoride varnish treatment and dental referral at one year
Injury & Violence prevention: No hard objects or food the size of baby's pinky, smoke detector, drug and toxic chemical storage, poison control center phone no., childproofing, toddler car seat, electrical outlet covers, safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp, drowning, street safety, gun in home, falls, walkers, stairs, windows, lead poisoning prevention
Guidance: Allow to feed, self, look in mirror, play with cloth book, expect growth and appetite to decrease, childcare plan, tooth care, sun screen use.

[] Refer to appropriate agency.
Next appointment [] 3 months or _____ Signature _____ Date _____