



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**

Diet: \_\_\_\_\_ Has WIC: Yes / No \_\_\_\_\_ Physical activity: \_\_\_\_\_

Illnesses: \_\_\_\_\_ Breastfeed or Bottle \_\_\_\_\_ Stools: \_\_\_\_\_ Meds./Vits.: \_\_\_\_\_

Accidents: \_\_\_\_\_ Sleep position: \_\_\_\_\_ 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 \_\_\_\_\_