

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: _____ []					
[] Sits without support		[] Begins to creep and crawl		Mama, Dada indiscriminately	
[] Feeds self cracker		[] Looks for toys dropped		[] Teeth	
[] Transfers object hand to hand					
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 _____