WELL CHILD – 9 months	Name: ☐ Female ☐ Male
Visit Date: ___/____/____	DOB: ____/____/____ Age: _____
Language: ☐ English Other:	☐ Interpreter used – Name:

T:	P:	RR:	H.C.	Length: in.	Weight: lb.	☐ Growth charts completed

Reason for visit: ☐ well visit

Allergies: | **Signature/ Title:**

INTERVAL HISTORY: ☐ Exposure to tobacco smoke	**GROWTH and DEVELOPMENT:** ☐ Developmental Screen	
Diet: ☐ breast ☐ formula **WIC:** ☐ Yes ☐ No	☐ Sits	☐ Pincer grasp
Solid foods:	☐ Pulls to stand	☐ Holds cup to drink
Appetite: **TB risk:** ☐ No ☐ Yes	☐ Walks with assist	☐ Stranger anxiety
Elimination:	☐ Finger feeds	☐ Peek-A-Boo/Patty Cakes
Sleep:	**EDUCATION / ANTICIPATORY GUIDANCE:** *Check if discussed*	
Illnesses:	**Diet**	☐ finger food ☐ bottle / cup ☐ mashed table food
Childcare:	**Safety**	☐ car seat ☐ household safety ☐ water safety ☐ fall prevention ☐ childproofing ☐ sun screen
PARENTAL CONCERNS	**Guidance**	☐ mobility ☐ language stimulation ☐ shoes ☐ dental care ☐ no bottle in bed ☐ weaning ☐ family dynamics ☐ parental time out

PHYSICAL EXAMINATION – *note required for all not WNL*

General Appearance	☐ well nourished and developed ☐ no abuse/neglect evident	**Heart**	☐ regular rhythm ☐ no murmur
		Femoral pulses	☐ normal bilaterally
Head	☐ symmetrical ☐ AF open _____ cm	**Abdomen**	☐ soft, no masses ☐ liver & spleen normal
Eyes	☐ red reflex L R ☐ no strabismus ☐ vision grossly normal	**Genitalia**	☐ grossly normal
		male:	☐ circumcised ☐ testes in scrotum L R
Ears	☐ canals clear ☐ TMs normal ☐ hearing grossly normal	**Spine**	☐ normal, no sacral dimple
		Extremities	☐ no deformities, full ROM
Nose/ mouth	☐ patent ☐ MM pink, no lesions	**Hips**	☐ good abduction, no clicks
Neck	☐ supple / no masses	**Skin**	☐ clear, no significant lesions
Lungs	☐ clear to auscultation bilaterally	**Neurologic**	☐ normal tone ☐ normal DTR's

Comments:

ASSESSMENT:	**PLAN:**

ORDERS: ☐ Vaccine reactions, risks and follow-up explained /VIS sheets given ☐ Immunization registry entry

Immunizations- ☐ DTaP ☐ Hep B ☐ Hib ☐ IPV ☐ Prevnar

Fluoride - ☐ Rx. 0.25 mg qd - refill until age 2 ☐ Fluoride varnish

Testing: ☐ PPD **Labs:** ☐ Hct. *(@ 9 -12 mos)*

REFERRAL: ☐ WIC Other: _____ ☐ PM 160 completed

Next appointment: ☐ 3 months Other: _____ **Provider Signature:** _____