



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

**7 - 9 MONTHS**

|   |                                      |  |   |                   |        |
|---|--------------------------------------|--|---|-------------------|--------|
| <b>NURSING INTAKE</b>   |                                      |  |   |                   |        |
| Height:   | Weight:                              | H.C.:  | Temp.:                                  | Pulse:            | Resp.: |
| Allergies:  |                                      |  | Growth Chart Completed: [ ]             |                   |        |
| Abuses:   |                                      |  | Notes:                                  |                   |        |
| Alternate health care provider:   |                                      |  | MA Signature                            |                   |        |
| <b>INTERVAL HISTORY</b>   |                                      | 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 |        |
| <b>GROWTH-DEVELOPMENT: Developmental screen:</b> _____ [ ] Mama, Dada indiscriminately  |                                      |  |   |                   |        |
| [ ] Sits without support [ ] Begins to creep and crawl  |                                      |  |   |                   |        |
| [ ] Feeds self cracker [ ] Looks for toys dropped   |                                      |  |   |                   |        |
| [ ] Transfers object hand to hand [ ] Teeth   |                                      |  |   |                   |        |
| <b>PARENTAL CONCERNS:</b>   |                                      |  |   |                   |        |
|   |                                      |  |   |                   |        |
| <b>PHYSICAL EXAMINATION</b>   |                                      |  |   |                   |        |
| 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           |                   |        |
| <b>ASSESSMENT:</b>  |                                      |  |   |                   |        |
|   |                                      |  |   |                   |        |
| <b>PLAN:</b>  |                                      |  |   |                   |        |
|   |                                      |  |   |                   |        |
| <b>ORDERS:</b> [ ] 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)                 |   |                   |        |
| <b>ANTICIPATORY GUIDANCE: Circle if discussed</b>   |                                      |  |   |                   |        |
| 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 \_\_\_\_\_