

**PEDIATRIC CONTINUITY CLINIC
 AMBULATORY CARE CENTER
 MEDICAL COLLEGE OF GEORGIA
 AUGUSTA, GEORGIA**

DATE: _____

AGE: 6 MONTH CHECK-UP

Weight: _____ % _____
 Height: _____ % _____
 Head cir. _____ % _____

Name and number: _____
 4 Month weight: _____
 4 Month height: _____
 4 Month head circumference: _____

Pertinent Medical Interval History (Illnesses, medications, etc.):

Eating: If bottle, what formula and how much in 24 hours: _____
 If breast, how long per feed and how many feeds per 24 hrs _____
 What type of cereal, juice, how much and how often _____
 What stage of table foods and how often -ie Stage 1,2 or 3: _____
 Encourage to not give more than 3-4 oz of juice a day _____

Sleeping: How long at a time (expect 8-10 hours at night): _____
 Where does child sleep? _____

Development: Rolls over both ways: Y _____ N _____
 Smiles and laughs and vocalizes: Y _____ N _____
 Responds to sound by making sound: Y _____ N _____
 Sits unassisted for brief periods of time Y _____ N _____

GENERAL PHYSICAL EXAMINATION- STAR If Yes and Describe Below

Pain Scale _____; Pain Score _____; Location: _____; MD Notified: _____; Initials: _____

	Normal			Normal	
	Y	N		Y	N
General Appearance	_____	_____	Ribs	_____	_____
Alertness	_____	_____	Heart	_____	_____
Hearing	_____	_____	Abdomen	_____	_____
Head Control	_____	_____	Genitalia	_____	_____
HEENT	_____	_____	Hips: thigh folds	_____	_____
Red Reflex	_____	_____	Leg length same	_____	_____
Neck	_____	_____	Intoeing	_____	_____
Lungs	_____	_____	Neurological	_____	_____

DESCRIPTION OF PERTINENT PHYSICAL FINDINGS:

**ANTICIPATORY GUIDANCE - 6 MONTH CHECK-UP:
ASK FOLLOWING QUESTIONS AT LEAST ONCE BETWEEN 6 AND 12 MOS OLD**

	YES	NO
Is there smoking in the house	_____	_____
Is there a smoke alarm on each level of the house	_____	_____
If guns are in the home are they locked up in a cabinet	_____	_____
Lead Poisoning risk factors:		
Home built before 1960	_____	_____
Has house built around then been renovated	_____	_____
Does a family member have increased exposure	_____	_____
Does a family member have elevated lead level	_____	_____
Did the child travel to the office in the a car seat	_____	_____
Are plants and medications out of reach	_____	_____
Is child in day care	_____	_____

Reminders to parents: NEVER:

- Never lie down the baby with a bottle - this causes ear infections and caries
- Never leave the child in a high place such as a bed or sofa
- Never carry hot liquids or food near your child; burns occur easily
- Never leave electric outlets uncovered; NEVER leave child in bathtub alone
- Never leave food around the baby can choke on
- Never use a walker or leave gates unlocked at top of stairs

Encourage Parents to:

- Talk to the baby while dressing, bathing or feeding
- Play music and read to your baby
- Establish a bedtime routine: always put baby in bed when awake

Developmental Milestones to expect by 9 months of age:

- Crawls easily; turns around while crawling; gets into sitting position, sits alone
- Takes three meals a day - some table foods, but mostly stage two and stage three
- Starts to take the cup with milk; most of fluid intake still from bottle
- Sleeps up to 10 or 11 straight hours at night

IMPRESSIONS: 1 _____
2 _____

MEDICATIONS: 1 _____ 2. _____

IMMUNIZATIONS: 1 _____ 2 _____ **Hep #3 (6-18 mos); DTaP #3; HIB #3**
3 _____ 4 _____ **IPV # 3 (6-18 mos)**

LABORATORY 1 _____ **Prevnar #3**

Return to clinic: 9 months of age

Continuity Clinic Resident _____

Attending Note: _____

Signature of Attending: _____