

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

DATE: _____

9 MONTH CHECK-UP

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

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

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

Eating: If bottle, what formula; how many ounces taken per 24 hour period:
If breast how long per feed; how many feedings in 24 hour period:
Baby Foods: What stages, how often: _____
Table Foods: What types, how often: _____

Sleeping: Sleeps > 9 hours straight: Y _____ N _____
Where does child sleep: _____ Alone: Y _____ N _____

Development: Sits alone: Y _____ N _____
Pulls to standing position: Y _____ N _____
Makes sounds like mama and dada: Y _____ N _____
Plays Pat-a-cake and peek-a-boo: Y _____ N _____
Reaches and grasps toys: Y _____ N _____

GENERAL PHYSICAL EXAMINATION- STAR IF YES AND DESCRIBE

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

	Normal			Normal	
	Y	N		Y	N
General Appearance	_____	_____	Ribs	_____	_____
Alertness	_____	_____	Heart	_____	_____
Hearing	_____	_____	Abdomen	_____	_____
Fontanel smaller	_____	_____	Genitalia	_____	_____
HEENT- eyes straight	_____	_____	Hips	_____	_____
Red Reflex	_____	_____	Gait	_____	_____
Neck	_____	_____	Intoeing	_____	_____
Lungs	_____	_____	Neurological	_____	_____

OTHER PERTINENT PHYSICAL FINDINGS:

ANTICIPATORY GUIDANCE - 9 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 12 months of age:

- Finger feeds with thumb and forefinger
- Imitates words - may have several words
- Pulls up to standing position, may walk alone

IMPRESSIONS: 1. _____
2. _____

MEDICATIONS: 1. _____ 2. _____

IMMUNIZATIONS: 1. _____ 2. _____
3. _____

**3 DTaP, 3 HIB, 3 Hep,
3 Prevnar; 3 IPV**

Return to Clinic: 12 Months of age

Continuity Clinic Resident: _____

Attending Note: _____

Signature of Attending: _____