

**SOUTHLAKE PEDIATRICS**  
**HEALTH SUPERVISION VISIT 9 MONTHS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Parental Language Barrier:  N  Y \_\_\_\_\_

**PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS**

No Concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST MEDICAL HISTORY**

Allergies \_\_\_\_\_ Immunization reactions \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PRESENT HISTORY**

Medications: \_\_\_\_\_

Diet: \_\_\_\_\_

Breast or Formula (24-30 oz.) \_\_\_\_\_

Solids \_\_\_\_\_

Table/Finger Foods \_\_\_\_\_

Introduce Cup \_\_\_\_\_

Elimination \_\_\_\_\_

Sleep \_\_\_\_\_

**DEVELOPMENT**

Sitting/Pulls to stand \_\_\_\_\_

Crawling \_\_\_\_\_

Babbles/Imitates sounds \_\_\_\_\_

Responds to Name \_\_\_\_\_

Pincer Grasp/Bangs \_\_\_\_\_

**SOCIAL**

Child Care \_\_\_\_\_

Stranger Anxiety \_\_\_\_\_

**FAMILY HISTORY**

Smoke Exposure \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Information completed by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Length \_\_\_\_\_ % \_\_\_\_\_ Weight \_\_\_\_\_ % \_\_\_\_\_

HC \_\_\_\_\_ % \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_ Pain \_\_\_\_\_

**N AB**

**COMMENTS**

- Gen. Appearance \_\_\_\_\_
- Skin \_\_\_\_\_
- Head/Fontanel \_\_\_\_\_
- Eyes/RR/Strabismus \_\_\_\_\_
- Ears/Nose/Oropharynx \_\_\_\_\_
- Neck/Nodes \_\_\_\_\_
- Chest/Lungs \_\_\_\_\_
- Cardiovascular/Pulses \_\_\_\_\_
- Abdomen \_\_\_\_\_
- Genitalia \_\_\_\_\_
- Musculoskeletal/Hips \_\_\_\_\_
- Neuro/Reflexes \_\_\_\_\_
- Hearing \_\_\_\_\_
- Vision \_\_\_\_\_

**ANTICIPATORY GUIDANCE**

**Diet**

- Dairy Products
- Balanced food groups
- Healthy snacks
- Stairs/doors
- Small foods & objects/Choking
- Poison prevention/Ipecac

**Development**

- Space to explore
- Games/stacking toys
- Stranger anxiety
- Talk to child
- Reading/Music

**Medical Education**

- Temp taking/fever control
- Acetaminophen dose
- Shoes
- Telephone
- Poison Control #

**Injury Prevention**

- Rear-facing car seat
- Childproof home
- Burn safety/hot objects & liquids

**Dental Education**

- No bed bottle
- Clean teeth
- Fluoride?

**LABS:**  Hgb \_\_\_\_\_  Other \_\_\_\_\_

**IMMUNIZATIONS:**  IPV  Hep B  Other \_\_\_\_\_

Vaccine Information Sheet given & discussed  
Vaccine concerns?  No  Yes: Resolved Deferred Refused  
Comments \_\_\_\_\_

If vaccines not given, form signed?  No  Yes

**ASSESSMENT/RECOMMENDATIONS**

Healthy infant \_\_\_\_\_

Return for 12 month checkup

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of \_\_\_\_\_ min visit spent counseling

\_\_\_\_\_, M.D.