

**PEDIATRIC VISIT 6 to 8 MONTHS**

DATE OF SERVICE \_\_\_\_\_

NAME \_\_\_\_\_ M / F DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

WEIGHT \_\_\_\_\_ / \_\_\_\_\_ % HEIGHT \_\_\_\_\_ / \_\_\_\_\_ % HC \_\_\_\_\_ / \_\_\_\_\_ % TEMP \_\_\_\_\_

**HISTORY:**

Family health history documented? Yes / No \_\_\_\_\_  
Perinatal history documented Yes / No \_\_\_\_\_  
Reactions to immunizations? Yes / No \_\_\_\_\_  
Concerns: \_\_\_\_\_

**PSYCHOSOCIAL ASSESSMENT:**

**Sleep:** \_\_\_\_\_ **Child care:** \_\_\_\_\_  
Recent changes in family: (circle all that apply)  
New members, separation, chronic illness, death, recent move,  
Loss of job, other \_\_\_\_\_

Environment: Smokers in home? Yes / No

Violence Assessment:

History of injuries, accidents? Yes / No  
Evidence of neglect or abuse? Yes / No

**RISK ASSESSMENT:**

(Circle)

**LEAD**

Pos / Neg

**PHYSICAL EXAMINATION**

Wnl Abn (describe abnormalities)

- Appearance/Interaction
- Growth
- Skin

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- Head/Face/Fontanelles
- Eyes/Red reflex/Cover test
- Ears
- Nose
- Mouth/Gums/Number of Teeth

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- Neck/Nodes
- Lungs

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- Heart/Pulses
- Chest/Breasts

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- Abdomen
- Genitals

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- Extremities/Hips/Feet
- Neuro/Reflexes/Tone

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- Vision (gross assessment)
- Hearing (gross assessment)

**NUTRITIONAL ASSESSMENT:**

Breast/bottle: Amount & frequency \_\_\_\_\_  
Bowel/bladder: Number of wet \_\_\_\_\_, dry \_\_\_\_\_ in 24 hours?  
Number BM's in 24 hours? \_\_\_\_\_  
Education: Introduce single ingredient food weekly   
Offer cup  Jar/table foods  Avoid small hard foods   
Encourage self-feeding  Only water in bedtime bottle

**DEVELOPMENTAL SURVEILLANCE:** (Observed or Reported)

Social: Shy with strangers  Resists pull toy  Plays peek-a-boo   
Fine Motor: Transfers toy hand to hand  Feeds self crackers   
Works for toy out of reach   
Language: Dada or Mama (non-specific)  Turns to voice   
Imitates speech sounds   
Gross Motor: Sits alone  Stands holding on   
Bears weight on legs  No head lag when pulled to sitting

**ANTICIPATORY GUIDANCE:**

Social: Fear of strangers  Separation anxiety   
Parenting: Emphasize protection over discipline   
Temper tantrums: ignore, distract   
May need reassurance for separation anxiety   
Play and communication: Water and sand play   
Toys with moving parts, holes, strings to pull   
Beginning speech sounds   
Health: Fluoride if well water  Second hand smoke   
Clean teeth  Use sunscreen   
Injury prevention: Rear riding/rear facing infant car seat   
Smoke detector/escape plan  Baby proof home   
Hot water temperature  Poison control #   
Choking/suffocation  Fall prevention (heights)   
Firearms (owner risk/safe storage)  Hot liquids   
Water safety (tub/pool)  Don't leave unattended

**PLANS/ORDERS/REFERRALS**

1. Immunizations ordered  \_\_\_\_\_
2. Lead test, if positive risk assessment  \_\_\_\_\_
3. Follow up newborn hearing screen  \_\_\_\_\_
4. Next preventive appointment at 9 months
5. Referrals for identified problems: Yes / No (specify)  
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Signatures: \_\_\_\_\_