

**PEDIATRIC VISIT 9 to 11 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

Head/Face

Eyes/Red reflex/Cover test

Ears

Nose

Mouth/Dentition (# of teeth)

Neck/Nodes

Lungs

Heart/Pulses

Chest/Breasts

Abdomen

Genitals

Extremities/Hips/Feet

Neuro/Reflexes/Tone

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: Jar/table foods  Offer cup  Avoid small hard foods

Encourage self-feeding/finger foods  Expect messiness/playing with food  Water only bedtime bottle

**DEVELOPMENTAL SCREENING:** (With Standardized Tool)

ASQ:  PEDs  Other:  (specify) \_\_\_\_\_

Results: Wnl  Areas of Concern: \_\_\_\_\_

Referred: Yes / No Where? \_\_\_\_\_

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

Social: Shy with strangers  Plays patty cake

Looks for fallen object

Fine Motor: Bangs two cubes  Pincer grasp  Reaches, grabs

Feeds self  Drinks from cup

Language: Dada or Mama (specific)  Babbles

Imitates speech sounds

Gross Motor: Gets to sitting  Pulls self to stand

Stands holding on  Stands momentarily  "Cruises"

**ANTICIPATORY GUIDANCE:** (Check all that were discussed)

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 with soft toothbrush or cloth  Use sunscreen

Injury prevention: Rear riding/rear facing infant car seat

Smoke detector/escape plan  Poison control#

Hot liquids  Hot water temperature  Water safety (tub, pool)

Choking/suffocation  Firearms (owner risk/safe storage)

Fall prevention (heights)  Baby proof home

Don't leave unattended

**PLANS/ORDERS/REFERRALS**

1. Immunizations ordered  \_\_\_\_\_

2. Lead test referral (if positive risk assessment)

3. Remind parent to renew MA by age 12 months

4. Next preventive appointment at 12 months

5. Referrals for identified problems: Yes / No (specify)

Signatures: \_\_\_\_\_

[www.dhmd.state.md.us/epsdt/healthykids](http://www.dhmd.state.md.us/epsdt/healthykids)

**Maryland Healthy Kids Program**

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