

WELL CHILD EXAM-INFANCY: 6 Months

DATE

PATIENT NAME				DOB		SEX		PARENT NAME			
Allergies						Current Medications					
Prenatal/Family History											
Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)		
	%		%		%						

Birth History Birth Wt.: _____ Gestation: _____				<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section Complications <input type="checkbox"/> Y <input type="checkbox"/> N				<u>Anticipatory Guidance/Health Education</u> <u>(√ if discussed)</u>																																																																																																
Interval History: (Include injury/illness, visits to other health care providers, changes in family or home)				Patient Unclothed <input type="checkbox"/> Y <input type="checkbox"/> N				<div style="border: 1px solid black; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Review of Systems</th> <th colspan="2">Physical Exam</th> <th rowspan="2">Systems</th> </tr> <tr> <th>N</th> <th>A</th> <th>N</th> <th>A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>General Appearance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skin/nodes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Head/fontanel</td></tr> 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Other Anticipatory Guidance Discussed:								Next Well Check: 9 months of age Developmental Surveillance on Page 2 Page 3 required for Foster Care Children Provider Signature:																																																																																																

Page 2 - WELL CHILD EXAM-INFANCY: 6 Months – Developmental Surveillance
(This page may be used if not utilizing a Validated Developmental Screener)

DATE	PATIENT NAME	DOB
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Developmental Questions and Observations

Ask the parent to respond to the following statements about the infant:

Yes No

☐ ☐ Please tell me any concerns about the way your baby is behaving or developing:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My baby seeks comfort when upset. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby smiles and laughs. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby says things like “da da” or “ba ba”. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby eats some solid foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby sits with help/support. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby can pick up objects. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby likes to look at and be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My baby rolls over. |

Ask the parent to respond to the following statements:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my baby more days than not. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a daily routine that seems to work. |
| <input type="checkbox"/> | <input type="checkbox"/> | I keep in contact with family and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Infant Development			Parent Development		
Turns to sounds/voices	Yes	No	Parent shows confidence with baby	Yes	No
Can be comforted most of the time	Yes	No	Parent comforts baby effectively	Yes	No
Smiles, squeals and laughs responsively	Yes	No	Parent and baby are interested in and respond to each other	Yes	No
Has no head lag when pulled to sit	Yes	No	Parent seems depressed, angry, tired, overwhelmed, or uncomfortable	Yes	No
			Parent notices and responds to baby's wants and needs	Yes	No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN

PAGE 3 - WELL CHILD EXAM-INFANCY: 6 Months

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: _____ Phone Number: _____		<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) _____ <input type="checkbox"/> Caseworker

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

☐ **Yes** Please attach completed physical form utilized at this visit

☐ **No** If no, please state reason physical exam was not completed _____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date _____

Screeners Used: ☐ ASQ ☐ ASQSE ☐ PEDS ☐ PEDSDM ☐ Other tool: _____ **Score:** _____

Referral Needed: ☐ No ☐ Yes

Referral Made: ☐ No ☐ Yes **Date of Referral:** _____ **Agency:** _____

Current or Past Mental Health Services Received: ☐ No ☐ Yes (if yes please provide name of provider)

Name of Mental Health Provider: _____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Provider Signature: _____

Provider Name _____

Please print

PARENT HANDOUT

Your Baby's Health at 6 Months

Milestones

Ways your baby is developing between 6 and 9 months of age.

- Plays games like "peek-a-boo"
- Babbles, imitates vocalizations
- Responds to own name
- Feeds herself with fingers and starts to drink from cup
- Enjoys a daily routine
- Sits up well and may pull to stand
- Crawls, creeps, moves forward by scooting on bottom
- May be unsure of strangers
- May comfort self by sucking thumb or holding special toy
- May get upset when separated from familiar person

For Help or More Information:

Breast feeding, food and health information:

- Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.
- The National Women's Health Information Center Breastfeeding Helpline. Call 1-800-994-9662, or visit the website at: www.4woman.gov/breastfeeding
- LA LECHE League – 1-800-LALECHE (525-3243). Visit the website at: www.lalecheleague.org
- Text4Baby for health and development information - <http://www.text4baby.org/>

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Toy and Baby Product Safety:

Consumer Product Safety Commission, 1-800-638-2772 or www.cpsc.gov/

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.usa.safekids.org/

If you're concerned about your child's development:

Contact Early On Michigan at 1-800-327-5966 or Project Find at <http://www.projectfindmichigan.org/> or call 1-800-252-0052

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at <http://www.cdc.gov/vaccines>.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at <http://www.ndvh.org/>

Safety Tips

Make your home safe before for your baby starts to crawl. You will need to keep doing this for several years.

- Put away small objects and things that break
- Tape electric cords to the wall; put covers on outlets
- Put safety gates at the top and bottom of stairs
- Store poisons and pills in a locked cabinet
- Poison Control Center: 1-800-222-1222

Baby walkers cause more injury than any other baby product. Instead of a walker, use a seat without wheels or put your baby on his tummy on the floor.

Health Tips

Signs that your baby is ready to start solid food:

- She can sit up with little or no support
- She shows you she wants to try your food
- She can use her tongue to push food into her throat

Your baby will let you know when he has had enough to eat. Stop feeding your baby when he spits food out, closes his mouth, or turns his head away.

Let your baby begin to learn to drink from a cup. Put water, breast milk, or formula in it. Don't let your baby take a bottle to bed.

Continue to put your baby to sleep on her back. Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by herself in a crib or portable crib.

Parenting Tips

Show your baby picture books and talk about the pictures. Sing simple songs and say nursery rhymes over and over.

Give your baby plenty of time to play on his tummy on the floor. Put toys just out of reach so he will try to crawl. Start playing simple games together like "Peek-a-Boo", "Pat-a-Cake" and "So Big".

Make regular times for eating, sleeping and playing with your baby.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.