DATE

WELL CHILD EXAM-INFANCY: 9 Months

PATIENT NAME	DOB	SEX	PARENT/GUARDIAN NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Length	Percentile	Wt for Length Percentile	HC	Percentile	Temp	Pulse	Resp.	BP (if risk)
	%		%	%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition
☐ Breast every _____ hours
☐ Formula ____ oz every _____ hours
With iron ☐ Y ☐ N
Type or brand
_____
☐ City water ☐ Well water
Solids ☐ **Y** ☐ **N**

Elimination
☐ Normal ☐ Abnormal

Sleep
☐ Normal (8-10 hours at night) ☐ Abnormal
Additional area for comments on page 2

WIC
☐ Y ☐ N

Maternal Infant Health Program
☐ Y ☐ N

Screening and Procedures:
☐ Oral Health Risk Assessment
☐ Subjective Hearing -Parental observation/ concerns
☐ Subjective Vision -Parental observation/ concerns

Standardized Developmental Screening
☐ Completed Tool Used_____
RESULTS: ☐ No Risk ☐ At Risk

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Screen If At Risk
☐ Lead level _____ mcg/dl

Immunizations:
☐ Immunizations Reviewed
☐ Immunizations Given & Charted – *if not given, document rationale*
☐ DTaP ☐ IPV ☐ HepB ☐ Hib ☐ PCV
☐ Rota ☐ Influenza
☐ MCIR checked/updated
☐ Acetaminophen ____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin□nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent ☐ Y ☐ N

Plan
☐ History/Problem List/Meds Updated
☐ Referrals
☐ WIC ☐ Early On® ☐ Transportation
☐ Maternal Infant Health Program (MIHP)
☐ Children Special Health Care Needs
☐ Other referral_____
☐ Other _____

Anticipatory Guidance/Health Education
(√ **if discussed)**

Safety
☐ Appropriate car seat placed in back seat
☐ Pool/water safety
☐ Poison Control Center: 1-800-222-1222
☐ Childproof home - (hot liquids, cigarettes, alcohol, poisons, medicines, outlets, gun safety, cords, small/sharp objects, plastic bags)
☐ Never shake baby
☐ Limit time in sun/use hat & sunscreen
☐ Check home for lead poisoning hazards

Nutrition
☐ Breastfeed or give iron-fortified formula
☐ Encourage self-feeding, cup use
☐ 3 meals and 2-3 snacks w/variety of foods
☐ Avoid foods that contribute to allergies
☐ Increase soft, moist table foods gradually

Infant Development
☐ Talk, sing, play games and read to baby
☐ Consistent Daily/Bedtime Routine
☐ Changing sleep patterns
☐ Safe Exploration Opportunities
☐ Play Pat a Cake, Peek a Boo, So Big
☐ Crib Safety/lower mattress
☐ Avoid TV, videos, computers

Family Support and Relationships
☐ Make time for self, partner, friends
☐ Set examples and use simple words to discipline – don't yell at, hit or shake baby
☐ Use consistent positive discipline
☐ Discuss baby's explorations w/siblings
☐ Chose responsible caregivers
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:
_____
_____

Next Well Check: 12 months of age

A standardized developmental screening tool to be administered – see page 2.
Page 3 required for Foster Care Children.

Provider Signature:

See Next Page

Page 2 - WELL CHILD EXAM-INFANCY: 9 Months – Developmental Screening

A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 9 month visit.
Please record findings on this page.

DATE	PATIENT NAME	DOB

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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_____

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

Referral Needed: ☐ No ☐ Yes Agency: _____

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

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

If yes, Name of Mental Health Provider:_____

Additional Notes from pages 1 and 2:

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

Signature of Staff who gave/scored screener if applicable:_____

Provider Signature: _____

Provider Name_____
Please print

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.
Updated 4/2011

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
Page 3 - WELL CHILD EXAM-INFANCY: 9 Months

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: Phone Number:		□ **Parent** □ **Foster Parent** □ **Relative Caregiver (specify** relationship)_____ □ **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_____

Screener 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

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Updated 4/2011

PARENT HANDOUT

Your Baby's Health at 9 Months

Milestones

Ways your baby is developing between 9 and 12 months of age.

- Pulls self up and moves holding onto furniture
- May start walking
- Points at things she wants
- Drinks from a cup and feeds himself
- Plays games such as Pat-a-Cake and Peek-a-Boo
- Says 1-3 words (besides "mama," "dada")
- Enjoys books
- Seeks parent for reassurance
- Picks thing up with thumb and one finger
- Is able to be happy, mad and sad

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

For information about lead screening:

visit the Michigan Bridges 4 Kids lead website at www.bridges4kids.org/lead.html or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

Prevention of Unintentional childhood injuries:

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

For information 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/

Health Tips:

Wash your hands often; especially after diaper changes and before you feed your baby. Wash your baby's toys with soap and water.

Slowly add foods that feel different to your baby. Foods that are crushed, blended, mashed, small chopped pieces, and soft lumps – foods like mashed vegetables or cooked pasta.

Let your baby drink some water, breast milk, or formula from a cup.

Keep soft bedding and stuffed toys out of the crib. Make sure your baby sleeps by herself in crib or portable crib.

Call your baby's doctor or nurse before your next visit if you have any questions or concerns about your baby's health, growth, or development.

Keep your baby's new teeth healthy. Clean them after feedings. Use the corner of a clean cloth or a tiny, soft toothbrush. Don't let your baby take a bottle to bed.

Parenting Tips:

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

Make your home safe and encourage your baby to explore.

Babies develop in their own way. Your baby should keep learning and changing. If you think he is not developing well, talk to your doctor or nurse.

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.

Safety Tips

Always watch your baby in the bathtub. Drowning can happen quickly and silently in only a few inches of water. Take your baby with you if you have to leave the room.

Poison Control Center: 1-800-222-1222

Buckle up your baby in a car seat facing the rear of the car for the first year. Keep your baby in the back seat. It's the safest place for children to ride.

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