

Name: _____ DOB: _____ Today's Date: _____



SIX MONTH WELL CHILD CHECK

INTERVAL HISTORY

Any changes in your family since last visit? <input type="checkbox"/> Move <input type="checkbox"/> Job change <input type="checkbox"/> Divorce <input type="checkbox"/> None <input type="checkbox"/> Other:
Any relatives diagnosed with new medical issues since last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:

SENSORY / DEVELOPMENTAL / BEHAVIORAL SURVEILLANCE

Are you concerned about your baby's vision? <input type="checkbox"/> No <input type="checkbox"/> Yes	Concerns about hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes
Mark each task that your baby is able to do: <input type="checkbox"/> Rolls over <input type="checkbox"/> Looks around <input type="checkbox"/> Sits briefly, leans forward <input type="checkbox"/> Recognize name <input type="checkbox"/> Puts things in her mouth <input type="checkbox"/> Smiles at people he/she knows <input type="checkbox"/> Babbles and tries to "talk" to you <input type="checkbox"/> Likes to play with you	
Any concerns about your baby's growth / learning / behavior? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	

LEAD / TB / ORAL HEALTH RISK ASSESSMENTS

Does your child have a sibling or playmate who has had lead poisoning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live/visit a house or daycare built before 1978?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live near or are around adults who work in battery factory, steel mill or other industry?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child chew or eat paint chips or dirt?.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child spent >1 wk in South or Central America, Africa, or Asia since last blood test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child use any ethnic folk remedies, imported cosmetics, or candies made outside the US?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was your child born in a country where tuberculosis is prevalent (outside the US)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child traveled (>1 week) to a country at high risk of tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child had contact with anyone with tuberculosis or a positive PPD test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your child infected with HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are cavities a problem for you or anyone else in your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child sleep with a bottle?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child continuously breastfeed through the night?	<input type="checkbox"/> No <input type="checkbox"/> Yes

MATERNAL DEPRESSION SCREEN

Since your baby's birth, how often have you been bothered by the following?

Little interest or pleasure in doing things:	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> >half the days <input type="checkbox"/> Nearly every day
Feeling down, depressed, or hopeless:	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> >half the days <input type="checkbox"/> Nearly every day

ANTICIPATORY GUIDANCE:

- Most babies have doubled their birth weight by now. Your baby's growth will slow down.
- Begin regularly feeding your baby solid foods. Introduce one new food at a time every 3 days, in case of an allergic reaction. Offer 1–2 tablespoons, 2–3x per day during scheduled feedings. Do not let him/her eat all day.
- It may take 10–15 times of giving your baby a food to try before she will like it. Don't give up. Keep trying.
- Feed iron-rich foods, like iron-fortified cereals, pureed red meats, pureed dark leafy vegetables like spinach.
- Avoid raw honey (before one years old) or chunks of food that could cause choking.
- Clean gums and teeth twice a day with cloth or toothbrush and smear of toothpaste. No bottles in bed - it will cause tooth decay and ear infections.
- Lock up poisons, medicines, and cleaning supplies. Call Poison Help (1-800-222-1222) if your baby eats poisons.
- Read books together. Talk to your baby. Play peek-a-boo and patty-cake.
- Continue having your baby sleep on the back, in a crib, and keep toys, comforters, pillows out of crib.