

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



NINE 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 / BEHAVIORAL SURVEILLANCE

Are you concerned about your baby's hearing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you concerned about your baby's vision?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do your child's eyelids droop or does one eyelid tend to close?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have your child's eyes ever been injured?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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?	
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

ANTICIPATORY GUIDANCE:

- Tell your child in a nice way what to do ("Time to eat"), rather than what not to do. Be consistent.
- Be a role model. Babies learn from observing you, so do things the way you want your baby to do them.
- Use "No!" only when your child is about to get hurt or hurt others.
- Being messy during mealtimes is normal at this age. Do not punish them for this.
- Give 3 meals and 2-3 snacks per day. Feed anything but honey or chunks that could cause choking at this time.
- Give only healthy foods. Do not give your baby soft drinks, tea, coffee, and flavored drinks.
- Don't force your baby to eat. Babies may refuse a food 10-12 times before they will try it. Just try again next meal.
- Check on, but do not pick up, the baby if she wakes at night. Crying when you leave is normal - stay calm.
- Give the baby balls, toys that roll, blocks, and containers to play with. Avoid TV, videos, and computers.
- Use a rear-facing car seat in the back seat of vehicles. Never put your baby in the front seat.
- Continue having your baby sleep on the back, in a crib, and keep toys, comforters, pillows out of crib.
- Empty buckets, pools, and tubs right after you use them to prevent accidental drowning.
- Do not leave heavy or hot things on tablecloths that your baby could pull over.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby's sight and reach.