



PATIENT NAME _____ BIRTH DATE ____/____/____ AGE TODAY _____

PARENTS _____ TODAY'S DATE ____/____/____

PARENTS' CONCERNS

Parents, what concerns do you have about your child? ->

Please circle any body areas that concern you:

Blank lines for writing concerns.

Table of body areas: Head, Heart, Bones, Hormones, Eyes, Lungs, Joints, Blood, Ears, Intestines, Muscles, Glands, Nose, Kidneys, Brain, Immunity, Mouth, Genitals, Nerves, Throat, Skin, Mental Health.

Answer the questions below and / or check YES or NO.

Main assessment section with columns for Patient Information, Nutrition, History, and Physician's Comments. Includes questions about feeding, growth, and general health.

Physical Exam and Immunizations section. Includes fields for Ht, Wt, HC, VS and a list of physical exam areas to check. Also includes immunization status and a list of vaccines.

Assessment section with a list of 5 items for normal growth and development.

Plan section with a list of 5 items for follow-up and anticipatory handouts.

PHYSICIAN'S SIGNATURE: _____ DATE: _____

DEVELOPMENT AND BEHAVIOR	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you concerned about your child's development or behavior?	
Y N <input type="checkbox"/> <input type="checkbox"/> Does baby turn his/her head toward your voice? <input type="checkbox"/> <input type="checkbox"/> Does baby follow your face or an object with his/her eyes through 180 degrees?	
M O T O R	Y N <input type="checkbox"/> <input type="checkbox"/> Does baby hold his/her head straight when pulled from a lying to sitting position? <input type="checkbox"/> <input type="checkbox"/> Does s/he sit with support or lean forward on the hands? <input type="checkbox"/> Sits alone <input type="checkbox"/> <input type="checkbox"/> Does s/he roll over? <input type="checkbox"/> <input type="checkbox"/> Does baby bear weight on the legs if held upright? <input type="checkbox"/> <input type="checkbox"/> Does baby play with his/her feet? <input type="checkbox"/> <input type="checkbox"/> Will s/he reach for a toy and transfer it from one hand to the other? <input type="checkbox"/> <input type="checkbox"/> Does baby "rake" objects up with sides of hands and thumb?
L A N G U A G E	Y N <input type="checkbox"/> <input type="checkbox"/> Do you talk, read and sing to baby?
S O C I A L	Y N <input type="checkbox"/> <input type="checkbox"/> Does s/he get upset if a toy is taken away? <input type="checkbox"/> <input type="checkbox"/> Does s/he initiate social contact by babbling, smiling, cooing, laughing and squealing? <input type="checkbox"/> <input type="checkbox"/> Is baby starting to experience "stranger anxiety?" <input type="checkbox"/> <input type="checkbox"/> Does s/he enjoy peek-a-boo, so-big and pat-a-cake games? <input type="checkbox"/> <input type="checkbox"/> Does s/he seem to be "teething?" (Teeth usually appear after 6 months. Timing of later teeth varies greatly.)
S L E E P	How many hours does baby sleep at a stretch overnight? _____ Y N <input type="checkbox"/> <input type="checkbox"/> Are you satisfied with baby's sleep habits? (Separation anxiety may cause sleep problems.) <input type="checkbox"/> <input type="checkbox"/> Have you established a bedtime routine? <input type="checkbox"/> <input type="checkbox"/> Do you put baby down when drowsy to teach self-quieting? <input type="checkbox"/> <input type="checkbox"/> Are you OK with baby's self comforting behaviors? <input type="checkbox"/> pacifier <input type="checkbox"/> thumb sucking <input type="checkbox"/> neither <input type="checkbox"/> <input type="checkbox"/> Do you avoid giving him/her a bottle in the crib? (This could cause cavities.) <input type="checkbox"/> <input type="checkbox"/> Do you avoid bulky bedding in the crib? Where does baby usually sleep?

SAFETY AWARENESS	
Please review the shaded items, which are new for the 6 month visit. If you reviewed the remaining items previously, check this box. <input type="checkbox"/>	
Y N	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> <input type="checkbox"/> Is baby's car seat rear facing in the back seat? → <input type="checkbox"/> <input type="checkbox"/> Are medications, poisons and plants out of baby's reach? <input type="checkbox"/> <input type="checkbox"/> Do you have the Poison Control Center's number handy? <input type="checkbox"/> <input type="checkbox"/> Do you keep your curling iron out of reach? <input type="checkbox"/> <input type="checkbox"/> Have you inserted electrical outlet covers? <input type="checkbox"/> <input type="checkbox"/> Do you watch for frayed electrical cords in need of repair? <input type="checkbox"/> <input type="checkbox"/> Do you always closely monitor baby while s/he is in the bath tub? <input type="checkbox"/> <input type="checkbox"/> Do you have gates to guard open stairways? <input type="checkbox"/> <input type="checkbox"/> Are sharp table edges protected? <input type="checkbox"/> <input type="checkbox"/> Do you keep balloons and plastic wrappers away from your baby? <input type="checkbox"/> <input type="checkbox"/> Do you keep small items out of reach which baby could choke on? </div> <div style="width: 15%; border: 1px dashed black; padding: 5px; font-size: small;"> If baby is outgrowing the infant carrier car seat (usually at around 20 lbs) switch to a "convertible" car seat. It must remain rear facing until both 1 yr old AND 20 lbs. </div> </div> <input type="checkbox"/> <input type="checkbox"/> Is the water temperature in your house less than 120 degrees? <input type="checkbox"/> <input type="checkbox"/> Do you avoid drinking hot liquids while holding your baby? <input type="checkbox"/> <input type="checkbox"/> Do you limit sun exposure? <input type="checkbox"/> <input type="checkbox"/> Do you have a fire escape plan? <input type="checkbox"/> <input type="checkbox"/> Do you check your smoke detectors regularly? <input type="checkbox"/> <input type="checkbox"/> Do you avoid putting baby in the car seat / bouncy seat set in high places? <input type="checkbox"/> <input type="checkbox"/> Do you avoid the use of baby walkers? <input type="checkbox"/> <input type="checkbox"/> Do you check toys for breakage and small parts that may cause choking? <input type="checkbox"/> <input type="checkbox"/> Are you aware that shaking your baby could cause permanent brain damage?

Who answered the above questions? _____ Thank you for helping us help you and your child!!
Please put this paper in the box hanging outside the door so that we know you are finished!