WELL CHILD EXAM-INFANCY: 6 Months

DATE

PATIENT NAME	DOB	SEX	PARENT NAME

Allergies	Current Medications

Prenatal/Family History	Chief Complaints

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

Birth History ☐ Vaginal ☐ C-Section

Birth Wt.: _____ Gestation: _____ Complications ☐ Y ☐ N

Interval History:

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

Apnea ☐ Y ☐ N ☐ Monitor

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 (6 - 8 hours at night) ☐ Abnormal

Additional area for comments on page 2

WIC ☐ Y ☐ N

Maternal Infant Health Managed Care Program (MCP)

☐ Y ☐ N Name:_____

Screening and Procedures:

☐ Oral Health Risk Assessment

☐ Subjective Hearing -Parental observation/ concerns

☐ Subjective Vision -Parental observation/ concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative

☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If At Risk

☐ IPPD _____ (result)

☐ Lead level _____ mcg/dl

Labs Done Today ☐ **Y** ☐ **N**

Immunizations:

Follow AAP/AAFP/CDC guidelines

☐ Immunizations Reviewed

☐ Immunizations Given & Charted – *if not given, document rationale*

☐ IMPACTSIIS 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/ teeth
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments

(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated

☐ Referrals

☐ WIC ☐ Help Me Grow TM ☐ Transportation

☐ Maternal Infant Health MCP

☐ Children Special Health Care Needs

☐ Other referral_____

☐ Other _____

Anticipatory Guidance/Health Education

(√ if discussed)

Safety

☐ Appropriate car seat placed in back seat

☐ Keep home and car smoke-free

☐ Avoid burns (stove, etc.); lower water heater temperature

☐ Don't leave baby alone in tub/high places

☐ Childproof home - (hot liquids, alcohol, poisons, medicines, outlets, cords, small-sharp objects, plastic bags, safety locks)

☐ Keep in highchair/playpen when in kitchen

☐ Limit time in sun/use sunscreen on baby

☐ Don't use baby walkers

Nutrition

☐ Breastfeed or give iron-fortified formula

☐ Cup for water/juice – limit juice

☐ Avoid foods that contribute to allergies

☐ Introduce solid foods at 4-6 months

☐ Wait one week or more to add new food

Oral Health

☐ Don't put baby to bed with bottle

☐ Discuss teething

☐ Assess fluoride/clean baby's teeth daily

Infant Development

☐ Use upright seat so baby can see family

☐ Talk, sing, play music, and read to baby

☐ Daily and Bedtime Routine (put baby to bed awake)

☐ Safe Exploration Opportunities

☐ Put baby to sleep on back/Safe Sleep

Family Support and Relationships

☐ Family Planning

☐ Chose responsible babysitters

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

☐ Consider parenting classes/support groups/Playgroups

Other Anticipatory Guidance Discussed:

Next Well Check: 9 months of age

Developmental Questions and Observations on Page 2

Provider Signature:

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM-INFANCY: 6 Months

DATE	PATIENT NAME	DOB

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: _____
☐	☐	My baby seeks comfort when upset.
☐	☐	My baby smiles and laughs.
☐	☐	My baby says things like "da da" or "ba ba".
☐	☐	My baby eats some solid foods.
☐	☐	My baby sits with help/support.
☐	☐	My baby can pick up objects.
☐	☐	My baby likes to look at and be with me.
☐	☐	My baby rolls over.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am sad more often than I am happy.
☐	☐	I have people who help me when I get frustrated.
☐	☐	I am enjoying my baby more days than not.
☐	☐	I have a daily routine that seems to work.
☐	☐	I keep in contact with family and friends.
☐	☐	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. Tool Used:_____).

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: _____

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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 1-800-755-4769, or visit the website at: www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx
- 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

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

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:
Bureau for Children with Medical Handicaps, ODH 1-800-755-4769 (Parents). Visit the Website at: http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

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/

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
http://www.odjfs.state.oh.us/cdc/query.asp

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 Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (http://www.parenting.org/hotline/index.asp)

They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

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