

McLaren Print System Order

Order No: 55343 Reprint Previous Order No: 9462
 Order Date: 2020-07-14
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Ship Location: McLaren Macomb Family Medicine-Michele
 16700 21 Mile Rd., Suite 101
 Macomb, MI 48044

Forms

Quantity: 100
 Paragon Dept No: 71600
 Dept Name: McLaren Macomb Family Medicine
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-F
 Item Description: Pediatric Physical Examination (Age 9 Months)
 Revision Date: 3/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Medical Group
WELL CHILD EXAM/INFANCY: 9 Months

DATE: _____ PATIENT NAME: _____ SEX: _____

Developmental Questions and Observations
 A standardized developmental screening tool should be administered (Medicaid required and AAP recommended) at the 9 month visit.
 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 understands some words.
 My baby shows feelings by smiling, crying, and pointing.
 My baby says things like "da da" or "ba ba".
 My baby can feed self with fingers.
 My baby likes to be with me.
 My baby is interested and explores new things.
 My baby is able to be happy, mad, and sad.
 My baby can move around on his/her own.
 My baby plays games like "peek-a-boo", "sit big" or "pat-a-cake".

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. A standardized developmental screening tool should be administered at the 9 month visit (Medicaid required). If not, the following should be observed:

Infant Development		Parent Development	
Responds to own name	Yes No	Shane baby's smiles	Yes No
Seeks parent/caregiver for reassurance	Yes No	Talks to the baby in positive terms	Yes No
Uses inferior pincer grasp	Yes No	Touches the baby gently	Yes No
Shows interest in things around them	Yes No	Responsive, gentle and protective of the baby	Yes No
Sits without support	Yes No		

Please note: Formal developmental evaluation may be indicated when concerns regarding a child or adolescent, especially when the opportunity for continuing observation is not anticipated. (Adapted from: Guidelines for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2:

Staff Signature: _____
 Provider Signature: _____
 Date: _____ Time: _____

Observation:
 Yes/No: _____

WELL CHILD EXAM (9 Months)
 06/2019