McLaren Medical Group
PEDIATRIC PHYSICAL EXAMINATION

AGE 6 Months

Date: _____ Age: _____ Accompanied By: _____

INTERVAL HISTORY / REVIEW OF SYSTEMS

See Pediatric/Adolescent History Form/Problem List/Med. List

Concerns/Additional History: _____

Nutrition: ☐ Breast ☐ Bottle ☐ Solid Foods _____

Formula _____ Amt/feeding _____ Frequency _____

Elimination: ☐ WNL _____

Sleep: ☐ WNL _____

Behavior: ☐ WNL _____

Hearing: _____

Vision: _____

DEVELOPMENT

KEY:
☑ = Has achieved
☐ = Has not achieved

- ☐ Pulls to Sit - No Head Lag
- ☐ Reaches for Objects
- ☐ Rolls Over Both Ways
- ☐ Sits with/without Support
- ☐ Vocalizes Consonant Sounds
- ☐ Transfers Blocks with Hands

EDUCATION

Discussed and/or handout given:

- ☐ Nutrition
  - ☐ Milk
    - ☐ Breast Feeding
    - ☐ Formula/Juices
  - ☐ Introduction of Solid Foods
- ☐ Elimination
- ☐ Fever (Signs/Symptoms)
- ☐ Sleep
  - ☐ Back to Sleep
  - ☐ Sleeping Problems
- ☐ Behavior/Development
  - ☐ Social
  - ☐ Communication Skills - Read to Baby
  - ☐ Physical - Teething
- ☐ Injury Prevention
  - ☐ Auto/Car Seat
  - ☐ Falls
  - ☐ No Strings Around Neck
  - ☐ No Shaking
  - ☐ Burns
    - ☐ Water Heaters
    - ☐ Smoke Detectors
    - ☐ Carbon Monoxide Detectors
  - ☐ Childproof Environment
  - ☐ Tub Safety
- ☐ Passive Smoke Exposure
- ☐ Other: _____

PHYSICAL EXAMINATION

Weight _____ Height _____ Head Circumference _____

See Growth Chart

T: _____ P: _____ R: _____

KEY: ☑ WNL
☐ Not addressed or exceptions/abnormalities must be documented

- ☐ Gen. Appearance _____
- ☐ Head/Fontanel _____
- ☐ Eye/Red Reflex _____
- ☐ Ears _____
- ☐ Nose _____
- ☐ Mouth/Throat _____
- ☐ Lungs _____
- ☐ Heart _____
- ☐ Femoral Pulses _____
- ☐ Abdomen _____
- ☐ Genitalia _____
  - ☐ Male/Testes Down _____
  - ☐ Female _____
- ☐ Extremities _____
- ☐ Back _____
- ☐ Skin _____
- ☐ Neurologic _____

Comments: _____

ASSESSMENT

☐ Well child

PLANS/FOLLOW-UP

☐ Next well child at age 9 months

IMMUNIZATIONS

☐ DTaP #3 ☐ IPV #3 ☐ Prevnar #3 ☐ Influenza Vaccine
☐ Hib #3 ☐ Hep B #3 ☐ Rotavirus #3 ☐ MCIR Updated
☐ Physician provided face-to-face counseling with the parent/guardian at the time of administration of (list number) _____ vaccine(s) at this visit.

☐ Parent/guardian verbalized understanding of education/instructions
☐ See Progress Notes for additional documentation

Clinical Staff Signature: _____

Provider Signature: _____

Patient Name: _____

Date of Birth:

PEDIATRIC PHYSICAL EXAMINATION (6 Months)
MM-34301-E (10/07)

McLaren Medical Group

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: _____

Date: _____ **Time:** _____

Patient Name:

Date of Birth: