McLaren Medical Group
PEDIATRIC PHYSICAL EXAMINATION
AGE 9 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

- ☐ Gets to Sitting Position
- ☐ Sits without Support
- ☐ Pulls Up to Stand
- ☐ Crawls/Creeps
- ☐ Repetitive Syllables
- ☐ Feeds Self
- ☐ Plays Peek-a-boo
- ☐ Pincher Grasp
- ☐ Waves Bye-bye

EDUCATION

Discussed and/or handout given:

- ☐ Nutrition
  - ☐ Milk
    - ☐ Breast Feeding
    - ☐ Formula/Juices
  - ☐ Introduction of Solid Foods
- ☐ Elimination
- ☐ Fever (Signs/Symptoms)
- ☐ Sleep
  - ☐ Back to Sleep
  - ☐ Night Awakening
- ☐ Behavior/Development
  - ☐ Social - Separation Anxiety
  - ☐ Communication Skills - Read to Baby
  - ☐ Physical - Teething
  - ☐ Discipline Issues
- ☐ 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
- ☐ Child Care
- ☐ Other: _____

☐ Parent/guardian verbalized understanding of education/instructions

☐ See Progress Notes for additional documentation

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 _____
- ☐ Eyes _____
- ☐ Ears _____
- ☐ Nose _____
- ☐ Mouth/Throat _____
- ☐ Lungs _____
- ☐ Heart _____
- ☐ Femoral Pulses _____
- ☐ Abdomen _____
- ☐ Genitalia _____
  - ☐ Male/Testes Down _____
  - ☐ Female _____
- ☐ Extremities _____
- ☐ Back _____
- ☐ Skin _____
- ☐ Neurologic _____

Comments: _____

ASSESSMENT

☐ Well child

☐ Next well child at age 12 months

IMMUNIZATIONS/SCREENINGS

☐ Vaccines given today:

☐ Per MCIR report Recommendations

Clinical Staff Signature: _____

Provider Signature: _____

Patient Name:

Date of Birth:

McLaren Medical Group

WELL CHILD EXAM-INFANCY: 9 Months

DATE	PATIENT NAME	DOB

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", "so 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-Tool Used:_____). In addition, the following should be observed:

Infant Development			Parent Development		
Responds to own name.	Yes	No	Shares 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 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: