

# 6 MONTH WELL CHECK-UP

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

Caregiver concerns: \_\_\_\_\_  
\_\_\_\_\_

## Daily Activities

Naps (nearly: 2 naps/day) \_\_\_\_\_  
Sleep through the night \_\_\_\_\_  
Sleeps in own crib \_\_\_\_\_  
Activities when awake \_\_\_\_\_

## Stools

Number \_\_\_\_\_  
Color \_\_\_\_\_  
Consistency \_\_\_\_\_  
Constipation \_\_\_\_\_

## Physical Exam

*Please use growth chart*

Hgt \_\_\_\_\_ % \_\_\_\_\_  
Wgt \_\_\_\_\_ % \_\_\_\_\_  
H.C. \_\_\_\_\_ % \_\_\_\_\_  
HEENT \_\_\_\_\_

## Feeding

Formula or breast \_\_\_\_\_  
How much \_\_\_\_\_  
How often \_\_\_\_\_  
Total amount per day \_\_\_\_\_  
Other foods \_\_\_\_\_  
How often solid foods \_\_\_\_\_

## Development

Sits alone a few seconds \_\_\_\_\_  
Babbles \_\_\_\_\_  
Knows stranger \_\_\_\_\_  
Rolls over both directions \_\_\_\_\_  
Holds own bottle \_\_\_\_\_  
Picks up objects from flat surface \_\_\_\_\_

Neck \_\_\_\_\_  
Lungs \_\_\_\_\_  
Heart \_\_\_\_\_  
Abdomen \_\_\_\_\_

GU \_\_\_\_\_  
Ortho \_\_\_\_\_  
Neuro \_\_\_\_\_  
Skin \_\_\_\_\_

## Impression

\_\_\_\_\_  
\_\_\_\_\_

**Plan** DTaP / HIB, OPV – (6-18 MTHS), HBV (6-18 MTHS), HCT

## Topics Discussed

- |   |   |
|---|---|
| 1. <i>Safety &amp; Prevention</i><br>Electrical outlets _____<br>Fenced stairway _____<br>Tendency to put all objects in mouth _____<br>Keep objects out of reach _____ | 5. Other _____  |
| 2. Need for discipline _____  | 6. <i>Interaction</i><br>Baby more sociable _____<br>Separation anxiety is common _____<br>Allow for exploration _____      |
| 3. Dental caries from nocturnal bottle _____  | 7. Teething _____   |
| 4. <i>Poison Control</i><br>Ipecac, Vaporizer, Fluoride _____   | 8. Appropriate dose of Tylenol or Advil for temperature greater than 101 degrees that is related to DTaP immunization _____ |

Return to office \_\_\_\_\_