9 MONTH WELL CHECK-UP

NAME_____**DATE**_____**DOB**_____

Caregiver concerns: _____

_____

Daily Activities
Crawls_____
Explores_____
Sleep_____
Other_____

Feeding
Formula or breast_____
How much_____
How often_____
Total amount per day_____
Other foods_____

Stools
Number_____
Color_____
Consistency_____
Constipation_____

Development
Says mama or dada_____
Likes games_____
Imitates sounds_____
Creeps or crawls_____
Feeds self foods_____
Pulls to stand_____
Starts to explore_____

Physical Exam
Please use growth chart
Hgt_____ % _____
Wgt_____ % _____
H.C._____ % _____
HEENT_____
Neck_____
Lungs_____
Heart_____
Abdomen_____
GU_____
Ortho_____
Neuro_____
Skin_____

Impression
_____
_____

Plan Denver
Hepatitis B #3 (if not given on 6 month check up)
_____
_____

Topics Discussed
1. Safety latches on cupboards_____
2. Increase drinking from cup; try to wean from bottle by one year_____
3. Encourage table foods_____
4. Poison prevention_____
5. Other_____
_____
_____

Return to office_____