PHYSICAL EXAMINATION (check appropriate box):

General
Skin
Fontanel
Eyes: Red Reflex, Appearance
Ears, TMs
Nose
Lips/Palate
Teeth/Gums
Tongue/Pharynx
Neck/Nodes
Chest/Breast
Lungs
Heart
Abd/Umbilicus
Genitalia/
Femoral Pulses
Extremities,
Clavicles,
Hips
Muscular
Neuromotor
Back/Sacral
Dimple

SENSORY SCREENING:

Any parent concerns about vision or hearing? □ Yes □ No
Vision:
Follows objects and eyes team together: □ Yes □ No
Hearing:
Responds to sounds: □ Yes □ No

DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:

Parent Concerns Discussed? (Required) □ Yes
Standardized Screen Used? (Suggested by AAP) □ Yes □ No
See instrument form: □ PEDS □ Ages & Stages
□ Other: _______________________
DB Concerns: (e.g. sleep/feeding) _______________________

HISTORY:

Parent Concerns:
_________________________________________________
_________________________________________________

Initial/Interval History:
_________________________________________________
_________________________________________________

FSH: □ FSH form reviewed (check other topics discussed):
□ Daily care provided by □ Daycare □ Parent
□ Other:
Adequate support system? □ Yes □ No ___________________
Adequate respite? □ Yes □ No

FSH: □ FSH form reviewed (check other topics discussed):
□ Daily care provided by □ Daycare □ Parent
□ Other:
Adequate support system? □ Yes □ No
Adequate respite? □ Yes □ No

Motor Skills (observe head, trunk, and limb control)
Walks independently (or with minimal help) Y N
Cruises (walks holding on to furniture/hands/etc.) Y N

Fine Motor Skills
 Mature overhand pincer Y N
Secures small wad of paper Y N
Makes mark with crayon Y N
Feeds self crackers Y N

Language/Socioemotional/Cognitive Skills
Says "Dada" or "Mama" (appropriately; 10 mos) Y N
Says one word other than "Mama/Dada" (11m) Y N
Understands "No" (10m) Y N
Understands one step command w/gesture Y N
Uncovers hidden object Y N
Waves (red flag) Y N
Points (red flag) Y N
Plays peek-a-boo (red flag) Y N

Parent – Infant Interaction
Interaction appears age appropriate Y N

Clinician Observations/History: (Suggested options)

Clinician concerns regarding interaction:

CH-7

OHCA Revised 03/13/2014
**ANTICIPATORY GUIDANCE:**
Select at least one topic in each category (as appropriate to family):

**Injury/Serious Illness Prevention:**
- Car Seat
- Falls
- No strings around neck
- No shaking
- Burns-hot water heater max temp 125 degrees F
- Smoke alarms
- No passive smoke (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Sun protection
- Walkers
- Hanging cords
- Fever management

**Violence Prevention:**
- Adequate support system?
- Adequate respite?
- Feel safe in neighborhood?
- Domestic Violence?
- No Shaking
- Gun Safety

**Sleep Safety Counseling:**
- Sleep Safety
- Read to infant (e.g. Reach out and Read)

**Nutrition Counseling:**
- Breast
- Formula
- Weaning to cup
- Whole cow’s milk okay after 1 yr
- Feeding self solids
- Vitamins
- Honey okay after 1 yr
- No popcorn, peanuts, hard candy
- Finger foods
- Limit juice (4 oz or less/day)

**What to anticipate before next visit:**
- May want more independence (especially in feeding)
- Common to fell less confident as a parent when child has mobility and desire for independence
- Okay to allow infant to finger feed
- Weight gain slows at 12 mos
- Child proofing
- Discipline
- Coping with separation
- Different rates of development are normal

**PROCEDURES:**
- Hematocrit or Hemoglobin (required once between 9-12 mos)
- Blood lead test (required once between 9-12 mos)
- TB test (if at risk)

**DENTAL REMINDER**
PCP screen at 1st tooth eruption
- Fluoride source?

**IMMUNIZATIONS DUE at this visit:**
- Catch-up on vaccines
  - DTap4 # ______
    - Given
    - Not Given
    - Up to Date
  - Hib4 # ______
    - Given
    - Not Given
    - Up to Date
  - PCV4 # ______
    - Given
    - Not Given
    - Up to Date
  - MMRV1 # ______
    - Given
    - Not Given
    - Up to Date
  - HepA # ______
    - Given
    - Not Given
    - Up to Date
  - Flu (yearly)
    - Given
    - Not Given
    - Up to Date

**Catch-up vaccines**
- HepB # ______
  - Given
  - Not Given
  - Up to Date
- IPV
  - Given
  - Not Given
  - Up to Date

**Reason Not Given if due:**
- List Vaccine(s) not given:
  - Vaccine not available
  - Child Ill
  - Parent Declined
  - Other

**NOTE:** See 9 month form if child’s mother was HEPBsAg positive

**ASSESSMENT:**
- Healthy, no problems

**PLAN/RECOMMENDATIONS:**
- Do vaccines/procedures marked above
- Other
- Anticipatory guidance discussed (as described in box above)

**Next Health Supervision (EPSDT) Visit Due:** ________________