

9 MONTH WELL CHILD VISIT

Hirsch Holistic Family Medicine

3525 Ensign Rd NE Ste N
Olympia WA 98506
(360) 464-9965 / (800) 897-8320 fax

Patient name: Date Age
Accompanied by: Birthdate

PARENT SECTION: Please check yes or no and fill in the blanks.

GENERAL ISSUES

Yes o No o Overall, I feel confident that my baby is doing well
Yes o No o I have enough help with the baby
Who lives with you and the baby?
No o Yes o My baby attends daycare. How many days a week?
No o Yes o Parenting is harder than I thought it would be
Describe your baby's personality:

FEEDING

No o Yes o I have questions about my baby's feeding
My baby takes breast milk times per day, or
formula oz times per day.
No o Yes o My baby drinks juice oz per day.
Yes o No o My baby eats solid food meals per day. fruit
vegetables meat dessert finger foods.
No o Yes o My baby has a bottle at bedtime.
No o Yes o I have questions about teething

SLEEPING / VOIDING AND STOOLING

Yes o No o I am satisfied with my baby's sleep schedule
naps per day # hours of sleep at night
I get baby to sleep by: Feeding / Rocking / Pacifier / Self / Other
No o Yes o My baby wakes up in the middle of the night.
To get my baby back to sleep I
Yes o No o My baby pees and poops normally
Wet diapers per day. Stool diapers per day.

BEHAVIOR AND DEVELOPMENT

Yes o No o I think my baby sees and hears normally
Yes o No o My baby understands "bye-bye" and "no-no"
Yes o No o My baby imitates sounds
Yes o No o My baby says "mama" "dada"
Yes o No o My baby sits up alone/stands holding on/crawls
Yes o No o My baby uses his/her finger and thumb to pick up things.
No o Yes o I have questions about my baby's development

PREVENTION

No o Yes o My baby lives with someone who smokes cigarettes
No o Yes o My child or another person living with us was born outside the
U.S. or has traveled to Asia, Mexico, Latin America, or Africa.
No o Yes o I have a family member who has had Tuberculosis
Yes o No o My baby always rides in a car seat in the back seat
Yes o No o All poisons/sharp objects are locked/out of reach in our home
Yes o No o My house is "child-proofed"
Yes o No o I have smoke detectors at home and test them regularly
Yes o No o My hot water heater is set to 120 F
No o Yes o I have concerns that my baby is not safe at home or daycare
Yes o No o Are there any other issues you want to discuss today?

DISCUSSION TOPICS

General questions
Family Support

Childcare arrangements
Anticipate colds and viruses
Infant temperament

No cow's milk until 1 year
Avoid egg whites & citrus
Continue breastfeeding
Introduce cup
Encourage table foods and
self-feeding
Cleaning teeth

Need for bedtime routine
Avoid bottle at bedtime

Normal variation
Change in stools with solids

R-PDQ if concerns
Non-specific mama dada
Increased mobility/exploring
Social games
Talk to / Sing to
Can't remember "no"
Separation/stranger anxiety

Risk of tobacco exposure
Assess TB risk

Car seat rear facing until at
least 20lbs and 1 year old
Poison control 800-222-1222
Choking hazards
Burn prevention
Water safety

