

Patient ID _____

Patients Name _____

PCP _____

DOB _____

Today's Date _____

9 Month Old Parent Observations

Are there any concerns you would like to discuss today? _____

Feedings:

Any concerns about feedings or weight gain? Yes No

Are you breastfeeding? Yes No If yes, are you giving Vitamin D drops? Yes No

If bottle feeding: Pumped Breastmilk Formula (Name: _____)

Baby foods: Cereals Fruits Vegetables Meats Table Foods

Voiding/Stooling:

Any concerns about voiding or stooling? (i.e. constipation, diarrhea) Yes No

Quality of stools: Liquidy/Seedy Soft/Formatted Hard pellets/Logs

Sleep:

Any concerns about sleep? Yes No

Is your child sleeping on his/her back? Yes No

How many uninterrupted hours of sleep at night (i.e. in between feeds)? _____

How many naps per day? _____ How long is each nap? _____

Is your child sleeping in a: Crib Co-Sleeping in bed with parent

Development:

Are you doing tummy time daily with your child? Yes No

Are you reading to your child? Yes No

Do you have any concerns about your child's hearing or vision? Yes No

Any concerns about your child's development? Yes No

Does your child: (please check all that apply)

- sit well seek parents for comfort/play explore books/environment
- crawl/scoot use pincer grasp wave bye-bye
- pull to stand bang objects together jabber/imitate sounds
- play peek-a-boo have stranger anxiety say mama / dada

Social/Behavior:

If parents work, who cares for your child? _____

Are there any family or social issues you would like to discuss? Yes No

Any concerns about your child's behavior (i.e. tantrums, hitting, biting)? Yes No

Safety/Preventative Health:

Do you brush your child's teeth? Yes No If yes, using fluoride toothpaste? Yes No

Does your child use a rear-facing care seat 100% of the time? Yes No

Is your home/car a smoke-free environment? Yes No

Are your child's immunization up to date? Yes No

Does your child have any allergies (that you know of)? Yes No

Please list any medications or supplements your child took this week: _____