



Name: _____ DOB: _____ Actual Age: _____

HealthWatch EPSDT 10 - 11 MONTHS

INTAKE & VITAL SIGNS					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Charts Completed: []		

INTERVAL HISTORY	Has WIC: Yes / No
Diet:	Breastfeed or Bottle
Accidents:	Physical activity:
Illnesses:	Stools:
	Meds./Vits.:
	Exposure to tobacco smoke:
	TB Risk: Yes / No

GROWTH-DEVELOPMENT:

<input type="checkbox"/> Pulls self to standing	<input type="checkbox"/> Thumb-finger grasp
<input type="checkbox"/> Stands holding on	<input type="checkbox"/> Plays pat-a-cake
<input type="checkbox"/> Holds cup to drink	<input type="checkbox"/> Walks with help
<input type="checkbox"/> Dada, Mama	<input type="checkbox"/> Scribbles

PARENTAL CONCERNS:

PHYSICAL EXAMINATION (Unclothed)

Legend: ✓ = Normal x = Abnormal

General Appearance [] Well nourished and developed [] No abuse/neglect evident Head [] Symmetrical, A.F. open _____ cm Eyes [] Conjunctivae, sclerae, pupils normal [] Red reflexes present [] Appears to see [] No strabismus Ears [] Canals clear, TMs normal [] Appears to hear Nose [] Passages patent Mouth & pharynx [] Normal color, no lesions Neck [] Supple, no masses palpated	Heart [] No murmurs, regular rhythm Lungs [] Breath sounds normal bilaterally Abdomen [] Soft, no masses, liver & spleen normal Genitalia: Male [] Normal appearance, circ./uncirc. [] Testes in scrotum Female [] No lesions, nl external appearances Hips [] Good abduction Femoral pulses [] Present and equal Extremities [] No deformities, full ROM Skin [] Clear, no significant lesions Neurologic [] Alert, moves extremities well Teeth [] Grossly normal
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ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given. [] Iron supplement (if indicated)

[] DTaP (if not up to date) [] Prevnar (if not up to date) [] Rx for fluoride .25/.50 mg QD, refill till age 2

[] Hib (if not up to date) [] Influenza vaccine

[] Hep B (if not up to date) [] IPV (if not up to date) [] HCT (9-12 months)

[] Immunization registry entry [] Fluoride varnish application [] WIC Referral [] PPD (if indicated)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Intro meats and proteins, mashed table food, finger foods, start feeder cup, milk, junk food, weaning, breastfeeding, normal decreased appetite, no bottle in bed

Behavior: Minor discipline, pulls to standing Education on Fluoride varnish treatment and dental referral at one year

Injury & Violence prevention: No hard objects or food the size of baby's pinky, smoke detector, drug and toxic chemical storage, poison control center phone no., childproofing, toddler car seat, electrical outlet covers, safety gates, window guards, hot liquids and surfaces, hot water temp, drowning, street safety, gun in home, falls, walkers, stairs, lead poisoning prevention

Guidance: Allow to feed self, look in mirror, play with cloth book, expect growth and appetite to decrease, childcare plan, tooth care, sun screen use.

[] Refer to appropriate agency.
 Next appointment [] 3 months or _____ Signature _____ Date _____