



Name:	DOB:	Actual Age:
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### HealthWatch EPSDT 7 - 9 MONTHS

<b>INTAKE &amp; VITAL SIGNS</b>					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Chart Completed: [ ]		

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

<b>GROWTH-DEVELOPMENT: Developmental screen:</b>		[ ]	Mama, Dada indiscriminately
[ ]	Sits without support	[ ]	Begins to creep and crawl
[ ]	Feeds self cracker	[ ]	Looks for toys dropped
[ ]	Transfers object hand to hand	[ ]	Teeth

**PARENTAL CONCERNS:**

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

**ASSESSMENT:**

**PLAN:**

<b>ORDERS:</b> [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given		[ ] Iron supplement (if indicated)
[ ] DTaP	[ ] Hep B	[ ] WIC Referral
[ ] IPV	[ ] Prevnar	[ ] Immunization registry entry
[ ] Hib	[ ] Influenza vaccine	[ ] Rx for fluoride .25/.50 mg QD, refill till age 2
[ ] HCT (9-12 months)	[ ] Fluoride varnish application	[ ] Rotavirus [ ] PPD (if indicated)

**ANTICIPATORY GUIDANCE: Circle if discussed**

**Diet:** Intro. Finger foods, intro cup, solids 1 new/week, start with iron-rich, no cow's milk yet, breast feeding, formula

**Behavior:** Begins to sit and crawl, discrimination of people.

**Injury & Violence prevention:** Smoke detector, poisoning risk, drug and toxic chemical storage, poison center phone number, lead poisoning prevention, gun lock.

**Childproofing:** Safety gates, window guards, pool fence, hot liquids/surfaces, hot water temp., choking prevention, sleep position

**Guidance:** Consistent sleep schedule, teething and tooth care, Education on Fluoride varnish treatment blocks, repetitive games, no bottle recumbent, parent smoking, no aspirin use, sun screen, family adjustment, childcare plan.

[ ] Refer to appropriate agency.

Next appointment [ ] 3 months or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_