

Jessica Davis MD

The New Mom's Family Doctor
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SIX to NINE MONTH WELL CHILD VISIT

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

GENERAL ISSUES			DISCUSSION TOPICS
Yes	No	Overall, I feel confident that my child is doing well	General questions Family Support
Yes	No	I have enough help with the baby	
No	Yes	There have been recent changes or stresses in our family	
		Who cares for your baby during the day? _____ How would you describe your baby's personality: _____	
FEEDING/SLEEPING			*****
No	Yes	I have questions about my baby's feeding My baby takes breast milk every ___ hrs, or _____ formula, ___ oz every ___ hrs What solid food has your baby tried (if any) _____	Continue breastfeeding OK for solids Iron source by 6 mos Vit D supp if <500cc formula Normal range 2-8 hrs Avoid bottle at bedtime Avoid bottle propping Safe sleep environment Bedtime routines Nighttime crying
Yes	No	I am satisfied with my child's sleep schedule. # naps per day _____ #hrs sleep at night _____ Longest sleep period: Daytime _____ Nighttime _____ How do you get your baby to sleep? Feeding / Rocking / Pacifier / Self / Other Where does your baby sleep? _____	
No	Yes	I have questions about teething.	
VOIDING / STOOLING			
No	Yes	My baby poops and pees normally Wet diapers _____ Stool diapers _____ (per day)	Normal variations
BEHAVIOR / DEVELOPMENT			*****
No	Yes	I have questions about my child's development	R-PDQ if concerns Anticipate crawling Stranger anxiety Books and music
Yes	No	My baby recognizes his/her name	
Yes	No	My baby babbles	
Yes	No	My baby laughs and squeals	
Yes	No	My baby sits alone	
Yes	No	My baby can change a toy from one hand to the other	
Yes	No	My baby plays peek-a-boo	
PREVENTION			*****
No	Yes	My baby lives with someone who smokes cigarettes	Risk of tobacco exposure Assess TB risk Car seat rear facing until at least 20lbs and 1 year old SIDS prevention No walkers, burn prevention Crib safety, choking Meds, cleaning supplies high Water safety Injuries #1 cause of death Everything goes to mouth Poison control 800-222-1222
No	Yes	My child or another person living with us was born outside the U.S. or has traveled to Asia, Mexico, Latin America, or Africa	
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No	Yes	I have a family member who has had Tuberculosis	
Yes	No	I always keep my child in a car seat and in the back seat	
Yes	No	My baby sleeps only on his/her side or back	
Yes	No	I have smoke alarms and test them regularly	
Yes	No	My hot water heater is set to 120°F	
No	Yes	I have concerns that my baby is not safe at home or daycare	
Yes	No	My house is "child-proofed"	
Yes	No	I know how to take a temperature and treat a minor cold	
No	Yes	I have questions about immunizations/shots	
Yes	No	I know the number for Poison Control (800) 222-1222	