PEDIATRIC HEALTH
ASSESSMENT FORM
9 AND 12 MONTHS

CHILD'S NAME:_____ AGE:_____ DATE:_____

MEDICATIONS: _____ ALLERGIES (medications and foods): _____

PAST MEDICAL PROBLEMS: _____

PRESENT CONCERNS/PROBLEMS: _____

_____

ACCOMPANIED BY:_____ RELATIONSHIP:_____

DAILY LIVING: (FILLED OUT BY PARENT OR GUARDIAN)

DIET: BREAST FEEDING circle YES NO
OUNCES PER DAY OF FORMULA_____(NAME)_____(No.FEEDS/DAY)_____
BABY FOOD (Check off) CEREAL_____ FRUIT_____ VEGS_____ MEAT/PROTEIN_____
TABLE FOOD…… ☐ NO ☐ YES
JUICE (OUNCES/DAY)_____ WATER (OUNCES/DAY) _____
WATER SUPPLY (CIRCLE): CITY WELL BOTTLED IF BOTTLED, NURSERY OR REGULAR?_____
DOES THE CHILD GET circle FLUORIDE - VITAMINS - IRON SUPPLEMENTS

ANY SIBLING RIVALRY OR JEALOUSY?……	☐ NO	☐ YES
ANY STRESSFUL SITUATIONS IN THE HOUSEHOLD? describe briefly……	☐ NO	☐ YES
DO PARENTS OR CAREGIVERS EVER SMOKE?……	☐ NO	☐ YES
IS REAR FACING CAR SEAT USED ALL THE TIME?……	☐ NO	☐ YES
HAVE SMOKE ALARMS?……	☐ NO	☐ YES
ANY EXPOSURE TO ANYONE WITH TB OR WITH HIGH RISK (BORN OR LIVED OUTSIDE THE UNITED STATES, HOMELESS, INCARCERATED, HIV/DRUG USE)? ……	☐ NO	☐ YES
HOUSE BUILT BEFORE 1980, OR LOCATED NEAR LEAD-RELATED INDUSTRIES?.....	☐ NO	☐ YES
HOUSEHOLD MEMBER/CLOSE CONTACT WITH HIGH LEAD WORK/HOBBY EXPOSURE?....	☐ NO	☐ YES
OTHER LEAD EXPOSURE (I.E.: EATS NON-FOOD ITEMS / PICA; USE ANTIQUE DISHES, ETC; USE PRODUCTS FROM OTHER COUNTRIES SUCH AS HEALTH REMEDIES, ETC.)……	☐ NO	☐ YES

DESCRIBE BOWEL HABITS (No./ DAY)_____CONSISTENCY/ COLOR_____
NUMBER OF WET DIAPERS PER DAY:_____

DESCRIBE PERSONALITY:_____

DESCRIBE SLEEP HABITS (HOURS/DAY):_____ NUMBER OF NAPS PER DAY(HR/DAY)_____

DOES THE CHILD SLEEP IN OWN CRIB?……	☐ NO	☐ YES
DOES THE CHILD HAVE A BOTTLE AT NIGHT?.....	☐ NO	☐ YES
DOES CHILD SLEEP THROUGH THE NIGHT WITHOUT FEEDING?……	☐ NO	☐ YES

DESCRIBE WORK/DAY CARE SITUATION:_____

WHO LIVES IN THE HOME?_____

DEVELOPMENT: (FILLED OUT BY PARENT OF GUARDIAN)

ANY CONCERNS ABOUT VISION OR HEARING?…… ……	☐ NO	☐ YES
HAS STRANGER ANXIETY?……..	☐ NO	☐ YES
CRAWLS OR TRIES TO CRAWL?……..	☐ NO	☐ YES
HOLDS HIS/HER OWN BOTTLE?……..	☐ NO	☐ YES
PICKS UP SMALL OBJECTS WITH THUMB AND FOREFINGER?…… ……	☐ NO	☐ YES
PLAYS PEEKABOO, PAT-A-CAKE, OR WAVES BYE-BYE?……	☐ NO	☐ YES
PULLS TO STAND, WALKS HOLDING ON , OR WALKS ALONE? (circle which ones	☐ NO	☐ YES
RESPONDS TO "NO-NO" (DOES NOT HAVE TO OBEY!)……..	☐ NO	☐ YES
SAYS "MAMA" OR "DADA" OR OTHER WORDS?…… ….	☐ NO	☐ YES
SITS ALONE?……	☐ NO	☐ YES
TRANSFERS OBJECTS BETWEEN HANDS?……	☐ NO	☐ YES