

**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