7–12 Months

Department of State Health Services
Child Health Record
Preventive Health Visit

Client Information

Name: _____
DOB: _____ /_____/ _____ Age: _____Sex: _____
SSN/Record No.: _____
Race/Ethnicity: _____
Informant/Relationship: _____
Medical Home: _____

Family Profile and Health

_____No change in household since last visit
Child lives with:
_____Mother ____ Father ____ Stepparent _____Grandparent
_____Other
Total adults living in home: _____
Total children living in home: _____
Primary caretaker for this child: _____
Relationship: _____
Family's concerns/problems:

Development

Parent's concerns:

Developmental Screening: _____P ____ F
Type of Developmental Screen:
Standardized Parent Questionnaire: _____
Standardized Observational Screen: _____
Other: _____
Further assessment needed: _____Y ____ N
Mental Health (see "Key Elements" on reverse side):

Child's Health

Allergies:
Does the system review note any problems or parent concerns: _____Y _____N
Explain:
Major illness, injury, hospitalization, surgery (since last visit):

Medications taken regularly — Type/Reason:

Physical Examination

Temp _____ Pulse _____Resp _____
FOC_____ Height _____Weight_____
(%)_____ (%) _____(%)_____

N	A	NE		N	A	NE	
___	___	___	Appearance	___	___	___	Heart/pulses
___	___	___	Head/fontanels	___	___	___	Lungs
___	___	___	Skin/nodes	___	___	___	Abdomen
___	___	___	Eyes	___	___	___	Genitalia/anus
___	___	___	Ears	___	___	___	Spine/hips
___	___	___	Nose	___	___	___	Extremities
___	___	___	Mouth/throat	**Neurologic:**			
___	___	___	Teeth	___	___	___	Muscle tone
___	___	___	Neck	___	___	___	DTRs
___	___	___	Chest/breasts				

Additional documentation:

Nutrition

Problems: developmental, special diet, inappropriate weight gain/loss, chronic GI problems* _____Y _____N
**If answered yes, further assessment needed.*
Breast-fed: Number of feedings in last 24 hours: _____
Length of feedings: _____ **WIC:** _____Y _____N
Formula-fed: Type: _____
Iron fortified: _____Y _____N
Ounces consumed in 24 hours: _____ Fluoride: _____Y _____N
Solid foods introduced at age:

Sensory

Vision Screen: _____Normal _____Abnormal
Hearing Screen: _____Normal _____Abnormal
Screen used: _____Hearing Checklist for Parents

Health Education

Injury Prevention
___Car safety restraints
___Falls (stairs, gates)
___Choking management
___Water safety/temp
___Poisoning
___Child proofing
___Passive smoking

Behavior
___Parent/infant interaction, expectations
___Speech development
___Sleep
___Separation protest
___Daycare

Health Promotion
___Immunizations
___Teething
___Cleaning teeth
___When to call doctor
___Well-child care
___Dental appointment
___Family planning

Nutrition
___Breastfeeding support
___Introduction of solids
___No bottle in bed
___Off bottle by 1 year

Assessment

Plan

TB: __ Y ___N **Dental referral made:** __ Y_ N
WIC: __ Referred ___Refused __ N/A
Immunizations: __ Up to date ___To be given today __ Deferred
Explain:
Lab:
Newborn Screening: ___ Up to date ___To be done today
Hct/Hgb ___Lead _____
Hep C (if 12 months old or older and born to HCV infected woman) _____
Next appointment:

Date: _____ Signature/Title: _____ Signature/Title _____

7–12 Months

If used for documentation:_____
Patient's Name: _____
Date: _____

Key Elements

Systems Review

Skin: Rashes, infections
Ears: Hearing or ear problems
Eyes: Eye discharge, deviation, wandering eye movement
Nose/Mouth/Throat/Teeth: Nasal congestion
Cardio/respiratory: History of murmur, trouble with breathing, wheezing
Gastrointestinal: Bowel movement frequency, problems/concerns, vomiting
Genitourinary: (Male) Normal stream
Neuromuscular: Coordination
Musculoskeletal: Fractures

Mental Health

The mental health assessment of this age also includes the developmental assessment and information from the family profile.

Feelings: Anxious, cries excessively or too little, irritable
Behavior: Overactivity, listlessness
Social Interaction: Failure to respond socially
Thinking: Unattentive
Physical Problems: Low weight for age, weight loss, vomits, problem eating, lacks energy, sleeping problems
Other: Known history of neglect, physical, sexual or emotional abuse, prenatal substance abuse

Progress Notes

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