

6 month – well child care

Name: _____

Household

Who lives in the home (e.g. Father, mother, brother, etc.)? _____

Does your child attend daycare? Yes No

Development

Rolls from stomach to back	Yes	No
Rolls from back to stomach	Yes	No
Sits with support	Yes	No
Sits without support	Yes	No
Transfers objects from one hand to other	Yes	No
Holds bottle	Yes	No
Babbles	Yes	No
Gets upset and cries if left alone	Yes	No
Reaches out to familiar people	Yes	No

Nutrition

How is the baby fed? (circle one) Breast Fed Formula Fed

If Formula Fed, what is the name of the formula? _____

How much and how frequent? _____

If breastfeeding, is the child on a
vitamin D supplement (e.g. trivisol)? Yes No

What additional foods is he/she eating (Stage of solids)? _____

Using cup?	Yes	No
Well water or city water?	Well	City

Bowel habits

How many stools a day?

What do the stools look like (soft, seedy, loose)? _____

Sleep Pattern

Sleeps through the night in own crib? Yes No

Safety

Is car seat in the back seat and rear facing?	Yes	No
Is your child exposed to tobacco smoke?	Yes	No
Are there any improperly stored firearms in the home?	Yes	No
Is the hot water temperature set low enough to prevent accidental burns?	Yes	No
Have you started childproofing your home?	Yes	No
Are there working smoke detectors in the home?	Yes	No

Miscellaneous

Any questions or concerns about
your baby? Yes No
If yes, what are they?

Please circle any of the questions below to which your answer is “YES”.

Lead Risk Assessment:

- Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
- Ever lived outside the United States or recently arrived from a foreign country?
- Sibling, housemate/playmate being followed or treated for lead poisoning?
- If born before 1/1/2015, lives in a 2004 “at-risk” zip code?
- Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items?
- Contact with an adult whose job or hobby involves exposure to lead?
- Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead.
- Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal pottery or pewter?

Tuberculosis Risk Assessment:

- Was your child born in, or lived more than a year in a country other than the U.S.?
- Has your child been exposed to anyone with either active or a history of Tuberculosis disease?
- Is your child living in a house hold with anyone who is HIV Positive?
- Is your child part of a migrant worker family?

Below this line is for Office Use:

Weight _____

Height _____

Head Circumference _____

Blood Pressure _____

Vision Test: Left 20/ ____ Right 20/ ____

Hearing Test: