Name:_____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____

10 - 11 MONTHS

NURSING INTAKE

Height: Weight: H.C.: Temp.: Pulse: Resp.:

Allergies: Growth charts completed: [ ]

Abuse: Notes:

Alternate health care provider: MA signature:

INTERVAL HISTORY Has WIC: Yes/No

Diet: Breastfeed or Bottle

Accidents:

Illnesses:

Physical activity:

Stools:

Meds./Vits.:

Exposure to tobacco smoke: TB Risk: Yes / No

GROWTH-DEVELOPMENT:

[ ] Pulls self to standing
[ ] Stands holding on
[ ] Holds cup to drink
[ ] Dada, Mama
[ ] Thumb-finger grasp
[ ] Plays pat-a-cake
[ ] Walks with help
[ ] Scribbles

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance	[ ]	Well nourished and developed	Teeth	[ ]	Grossly normal
	[ ]	No abuse/neglect evident	Heart	[ ]	No murmurs, regular rhythm
Head	[ ]	Symmetrical, A.F. open _____ cm	Lungs	[ ]	Breath sounds normal bilaterally
Eyes	[ ]	Conjunctivae, sclerae, pupils normal	Abdomen	[ ]	Soft, no masses, liver & spleen normal
	[ ]	Red reflexes present	Genitalia: Male	[ ]	Normal appearance, circ./uncirc.
	[ ]	Appears to see [ ] No strabismus		[ ]	Testes in scrotum
Ears	[ ]	Canals clear, TMs normal	Female	[ ]	No lesions, nl external appearances
	[ ]	Appears to hear	Hips	[ ]	Good abduction
Nose	[ ]	Passages patent	Femoral pulses	[ ]	Present and equal
Mouth & pharynx	[ ]	Normal color, no lesions	Extremities	[ ]	No deformities, full ROM
Neck	[ ]	Supple, no masses palpated	Skin	[ ]	Clear, no significant lesions
			Neurologic	[ ]	Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [ ] Vaccine reactions, risks and follow-up explained/VIS sheet given.

[ ] DTaP (if not up to date)
[ ] Hib (if not up to date)
[ ] Hep B (if not up to date)
[ ] Immunization registry entry
[ ] Prevnar (if not up to date)
[ ] Influenza vaccine
[ ] IPV (if not up to date)
[ ] Fluoride varnish application
[ ] Iron supplement (if indicated)
[ ] Rx for fluoride .25/.50 mg QD, refill till age 2
[ ] HCT (9-12 months)
[ ] WIC Referral [ ] PPD (if indicated)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Intro meats and proteins, mashed table food, finger foods, start feeder cup, milk, junk food, weaning, breastfeeding, normal decreased appetite, no bottle in bed.

Behavior: minor discipline, pulls to standing. Education on Fluoride varnish treatment and dental referral at one year.

Injury and violence prevention: No hard objects or food the size of baby's pinky, smoke detector, drug and toxic chemical storage, poison control center phone no., childproofing, toddler car seat, electrical outlet covers, safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp, drowning, street safety, gun in home, falls, walkers, stairs, windows, lead poisoning prevention.

Guidance: Allow to feed self, look in mirror, play with cloth book, expect growth and appetite to decrease, childcare plan, tooth care, sun screen use.

[ ] Refer to appropriate agency.

Next appointment [ ] 3 months or_____ Signature _____ Date _____