Health Maintenance Questionnaire

6 MONTHS

LINCOLN PEDIATRIC GROUP

Today's Date:

PATIENT NAME: Birth Date:

PARENTS: Age Today:

PARENTS' CONCERNS

List concerns you have? 1.
2.
3.
4.
5.

Please check any body areas that concern you:

☐Head	☐Heart	☐Bones	☐Hormones
☐Eyes	☐Lungs	☐Joints	☐Blood
☐Ears	☐Intestines	☐Muscles	☐ Glands
☐Nose	☐Kidneys	☐Brain	☐Immunity
☐Mouth	☐Genitals	☐Nerves	
☐Throat	☐Skin	☐Mental Health	

Answer the questions below and / or check YES or NO.

PATIENT INFORMATION

HISTORY

Describe any recent injuries or illnesses:

List medications taken routinely: ☐none

Note any new stresses in the family:

Is your baby in day care? ☐No ☐Home based ☐Center based ☐Nanny

How many kids? Other:

Are there smokers in your baby's home or day care? ☐No ☐outside ☐other room

Where does your child get fluoride for their dental health?
Formula mixed with fluoridated: ☐city water ☐bottled water ☐natural / well water

☐city water ☐fluoride rinse / recs from dentist
☐natural fluoride in water ☐fluoride vitamin ☐no known fluoride ☐not sure

NUTRITION

Y N Have you given any baby foods?
☐☐ ☐cereal ☐fruits ☐veggies ☐meat ☐juice

FORMULA FEEDING:

How many ounces in 24 hrs? What formula?

BREAST FEEDING:

How many times does baby nurse in 24 hours?

How many minutes is each feeding?

Y N
☐☐Is baby fed on demand?
☐☐Have you given supplemental formula?
☐☐Are you pumping breast milk?

Y N
☐☐Does baby spit up? If yes, how many times per day?
☐☐Are there any problems passing stool?

- Avoid 2nd hand smoke.

GENERAL FEEDING RECOMMENDATIONS

- Formula with iron until age 1.
- Iron fortified rice cereal, 2 tbsp/day.
- May eat from #2 baby food jars.
- Puree your own food if desired.
- Gradually introduce finger foods.
- Introduce a cup.
- Never allow a bottle in bed (causes cavities).
- Fluoride and Vitamins only if prescribed.

BREAST FEEDING RECOMMENDATIONS

- 6-12 feedings in 24hrs is typical
- Might be sleeping through the night.
- Don't go more than 5hrs at night without removing milk (pump if baby sleeps longer)
- If baby is supplemented with pumped breast milk or formula → pump (supply : demand)
- May follow lower % on the weight growth curve
- Nurse until at least 1 year old if possible
- Baby is easily distracted, not disinterested. Nurse in a quiet place.
- Back to work? Pump/freeze milk properly.
- Needs at least 24oz of milk per day, so don't replace milk intake with food.
- Never allow a bottle in bed or continuous suckling during the night, as this may contribute to cavities.
- Mom should not diet. Drink to thirst.
- Vitamin D 1ml per day if fed mostly breast milk.

STOOLING EXPECTATIONS

- Stools will change when food is given.
- Stool frequency is variable, but should not be hard balls.

PHYSICAL EXAM

Ht_____ Wt_____ HC_____ VS:_____

Head/Fontanel	Nose	Lungs	Back
Eyes/Red reflexes	Mouth	Heart	Hips
Ears	Throat	Femoral pulses	Extremities
	Neck	Abdomen	Skin
	Chest	Genitalia	Neurologic

LAB

IMMUNIZATIONS

☐Given at Health Department

Shots up to date? ☐Yes ☐No
Any previous side effects? ☐Yes ☐No

If yes, what?

ASSESSMENT

PLAN

PLEASE COMPLETE OTHER SIDE OF FORM

Patient Name: Birth Date:

6 month

DEVELOPMENT AND BEHAVIOR

☐Yes ☐No Are you concerned about your child's development or behavior?

Y N
☐☐Does baby turn his/her head toward your voice?
☐☐Does baby follow your face or an object with his/her eyes through 180 degrees?

MOTOR

Y N
☐☐Does baby hold his/her head straight when pulled from a lying to sitting position?
☐☐Does s/he sit with support or lean forward on the hands? ☐Sits alone
☐☐Does s/he roll over?
☐☐Does baby bear weight on the legs if held upright?
☐☐Does baby play with his/her feet?
☐☐Will s/he reach for a toy and transfer it from one hand to the other?
☐☐Does baby "rake" objects up with sides of hands and thumb?

LANGUAGE

Y N
☐☐Do you talk, read and sing to baby?

SOCIAL

Y N
☐☐Does s/he get upset if a toy is taken away?
☐☐Does s/he initiate social contact by babbling, smiling, cooing, laughing and squealing?
☐☐Is baby starting to experience "stranger anxiety?"
☐☐Does s/he enjoy peek-a-boo, so-big and pat-a-cake games?
☐☐Does s/he seem to be "teething?" (Teeth usually appear after 6 months. Timing of later teeth varies greatly.)

SLEEP

How many hours does baby sleep at a stretch overnight?

Y N
☐☐Are you satisfied with baby's sleep habits? (Separation anxiety may cause sleep problems.)
☐☐Have you established a bedtime routine?
☐☐Do you put baby down when drowsy to teach self-quieting?
☐☐Are you OK with baby's self comforting behaviors? ☐pacifier ☐thumb sucking ☐neither
☐☐Do you avoid giving him/her a bottle in the crib? (This could cause cavities.)
☐☐Do you avoid bulky bedding in the crib?

Where does baby usually sleep?

SAFETY AWARENESS

The shaded items are new for the 6 month visit.

Y N
☐☐Is baby's car seat rear facing in the back seat? ----------→

Car seat is rear facing until 2 yrs old or until they reach the highest weight or height allowed by car seat's manufacturer.

☐☐Are medications, poisons and plants out of baby's reach?
☐☐Do you have the Poison Control Center's number handy?
☐☐Do you keep your curling iron out of reach?
☐☐Have you inserted electrical outlet covers?
☐☐Do you watch for frayed electrical cords in need of repair?
☐☐Do you always closely monitor baby while s/he is in the bath tub?
☐☐Do you have gates to guard open stairways?
☐☐Are sharp table edges protected?
☐☐Do you keep balloons and plastic wrappers away from your baby?
☐☐Do you keep small items out of reach which baby could choke on?

☐☐Is the water temperature in your house less than 120 degrees?
☐☐Do you avoid drinking hot liquids while holding your baby?
☐☐Do you limit sun exposure?
☐☐Do you have a fire escape plan?
☐☐Do you check your smoke detectors regularly?
☐☐Do you avoid putting baby in the car seat / bouncy seat set in high places?
☐☐Do you avoid the use of baby walkers?
☐☐Do you check toys for breakage and small parts that may cause choking?
☐☐Are you aware that shaking your baby could cause permanent brain damage?

Who answered the above questions? Thank you for helping us help you and your child!!