



Health Maintenance Questionnaire

6 MONTHS

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:

- | | | | |
|---------------------------------|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Heart | <input type="checkbox"/> Bones | <input type="checkbox"/> Hormones |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Lungs | <input type="checkbox"/> Joints | <input type="checkbox"/> Blood |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Intestines | <input type="checkbox"/> Muscles | <input type="checkbox"/> Glands |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Brain | <input type="checkbox"/> Immunity |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Genitals | <input type="checkbox"/> Nerves | |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Skin | <input type="checkbox"/> 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: _____

Will Mom return to work/school? No at ____ wks old is back to work/school

Will baby go to day care? No Yes Nanny In day care now.

How many kids in the room/home? _____

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

Y N

Does baby seem to be "teething?"
Dental visits are recommended within 6 months of the first tooth erupting, so 12months old is typical. Clean teeth regularly. Never allow a bottle in bed or continuous suckling during the night, as this contributes to cavities.

- Avoid 2nd hand smoke.

GENERAL FEEDING RECOMMENDATIONS

- Formula with iron until age 1.
- May eat from #2 baby food jars.
- Puree your own food if desired.
- Gradually introduce finger foods.
- Introduce a cup.
- Vitamins only as prescribed by the doctor.

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.
- Mom should not diet. Drink to thirst.
- Vitamins as prescribed by the doctor.

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 months do you plan to breastfeed? _____

Mom's medications: prenatal vitamin Other: _____

IN THE PAST 24 HOURS:

Is baby nursed on demand? yes no

Latched _____ times Average minutes each time: _____

Pumped _____ times Total ounces: _____

Fed _____ ounces of pumped milk Fed _____ ounces of formula- type: _____

STOOLING EXPECTATIONS

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

Y N

Does baby spit up? If yes, how many times per day? _____

Are there any problems passing stool? _____

PHYSICAL EXAM				Lab/Immunizations
Ht _____	Wt _____	HC _____	VS: _____	
EXAM:				
ASSESSMENT			PLAN	

PLEASE COMPLETE OTHER SIDE OF FORM 11/18

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 her head straight when pulled from lying to sitting?
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?

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 bulky bedding in the crib?
Do you try to avoid falling asleep with baby in your bed or while resting on a couch/soft chair?

Where does baby usually sleep?

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, squealing?
Is baby starting to experience "stranger anxiety"?
Does s/he enjoy peek-a-boo, so-big and pat-a-cake games?

SAFETY AWARENESS

The shaded items are new for the 6 month visit.

Y N

- 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?

Y N

- Is baby's car seat rear facing in the back seat?
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?

2019 Nebraska Car Seat Law: Kids ride rear-facing until they turn 2. It is safest to stay rear-facing for as long as possible, until they reach the upper weight or height limit allowed by the car seat's manufacturer. Kids under 8 must ride in the back seat.

POSTPARTUM DEPRESSION SCREENING

Yes No Are you concerned about your mood or feeling depressed?

Table with 10 screening questions and Likert scales (0-3) for each. Includes a section for mental health services at the bottom.

Who answered the above questions?

Thank you for helping us help you and your child!!