

Nine Month Check Up - Parent's Page

Name:	Brought in by:	Date:
Allergies:	Medicines: Taking Vitamin D?, Fluoride?	Phone number:

What concerns do you want to talk about today?

Any illnesses, accidents, ER visits, visits to other doctors since last visit?

Did your baby have any trouble with last visit's vaccines?

Please tell me about your baby's sleep:

Please tell me about your baby's diet:

Baby's safety and welfare:

- | | | | |
|---|-----|---------|-----------|
| Does your baby ride in a rear-facing car seat in the back seat? | yes | no | sometimes |
| Have you done a safety check of your home? | yes | not yet | |
| Are you brushing your baby's teeth each day? | yes | no | sometimes |
| Are you enjoying your baby? | yes | no | maybe |

Would you, or your partner, like to become pregnant in the next year? yes no maybe

Do you have concerns about your child's behavior? not at all somewhat very much

Do you have concerns about your child's learning or development? not at all somewhat very much

What are those concerns:

DEVELOPMENTAL MILESTONES			
	Not Yet	Somewhat	Very Much
Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.			
Holds up arms to be picked up	0	1	2
Gets into a sitting position by him or herself	0	1	2
Picks up food and eats it	0	1	2
Pulls up to standing	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake"	0	1	2
Calls you "mama" or "dada" or similar name	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	1	2
Copies sounds that you make	0	1	2
Walks across a room without help	0	1	2
Follows directions - like "Come here" or "Give me the ball"	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? 0	1	2	
Does your child have a hard time in new places? 0	1	2	
Does your child have a hard time with change? 0	1	2	
Does your child mind being held by other people? 0	1	2	
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Does your child cry a lot? 0	1	2	
Does your child have a hard time calming down? 0	1	2	
Is your child fussy or irritable? 0	1	2	
Is it hard to comfort your child? 0	1	2	
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Is it hard to keep your child on a schedule or routine? 0	1	2	
Is it hard to put your child to sleep? 0	1	2	
Is it hard to get enough sleep because of your child? 0	1	2	
Does your child have trouble staying asleep? 0	1	2	

