# 6 month Visit

Name _____ Date ___/___/___

## THIS SECTION TO BE COMPLETED BY PARENT

**Personal Social History**

| *Are you concerned about your baby's…* | **Yes** | **No** |
|---|---|---|
| 1. Feedings ☐ Breast ☐ Formula …… | ☐ | ☐ |
| 2. Excessive spitting or vomiting..…….... | ☐ | ☐ |
| 3. Bowel Movement…..…….. | ☐ | ☐ |
| 4. Straining with stools…… | ☐ | ☐ |
| 5. Straining or crying with voiding……. | ☐ | ☐ |
| 6. Congestion or wheezing……..……. | ☐ | ☐ |
| 7. Skin color or skin rashes (circle)…… | ☐ | ☐ |
| 8. Excessive crying…….. | ☐ | ☐ |
| 9. Overall development…… | ☐ | ☐ |
| 10. Sleep habits……..…… | ☐ | ☐ |
| *Does your child…* | | |
| 11. Transfer objects hand to hand…….. | ☐ | ☐ |
| 12. Crow, squeal, babble and imitate sounds..……...……... | ☐ | ☐ |
| 13. Show response to his / her name…… | ☐ | ☐ |
| 14. Cry when you walk out of the room……..…… | ☐ | ☐ |
| 15. Show displeasure by fussing or crying…… | ☐ | ☐ |
| 16. Seem to hear well…….…… | ☐ | ☐ |
| 17. Move all extremities equally well……..……. | ☐ | ☐ |
| 18. Roll over both ways…..…….. | ☐ | ☐ |
| 19. Sit unassisted for a brief time…….. | ☐ | ☐ |
| 20. Try to bat at objects……..…… | ☐ | ☐ |
| 21. Do you have smoke alarms in your house?……..… | ☐ | ☐ |
| 22. Does your child ride in a rear-facing safety seat?…… | ☐ | ☐ |
| 23. Do you know infant CPR?……... | ☐ | ☐ |
| 1. Were there any problems with the first immunizations?…….... | ☐ | ☐ |
| 2. Is your child exposed to cigarette smoke?……..… | ☐ | ☐ |
| 3. Is your child attending day care?……...…… | ☐ | ☐ |
| 4. Does your child use a pacifier?…….. | ☐ | ☐ |

**Lead Screen**

| *Does your child…* | | |
|---|---|---|
| 1. Live in or regularly visit a house that was built before 1950? (day care, baby sitter or relative)…….. | ☐ | ☐ |
| 2. Live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (w/in the last 6 months)… | ☐ | ☐ |
| 3. Have a sibling or playmate who now has or did have lead poisoning?…… | ☐ | ☐ |
| *Do you have any concerns you wish to discuss?*…….. | ☐ | ☐ |

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