9 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 ……	☐	☐
☐ Solids?……..	☐	☐
2. Excessive spitting or vomiting..……..	☐	☐
3. Bowel Movement…..……..	☐	☐
4. Straining with stools……	☐	☐
5. Straining or crying with voiding…….	☐	☐
6. Congestion or wheezing……..…….	☐	☐
If present does this clear with sleeping?……..	☐	☐
7. Skin color or skin rashes (circle)……	☐	☐
8. Excessive crying……..	☐	☐
9. Overall development……	☐	☐
10. Sleep habits……..……	☐	☐
Does your child...		
11. Crow, squeal, babble and imitate sounds..……...……...	☐	☐
12. Respond to his / her name, say "no-no" and "bye-bye"…..……	☐	☐
13. Make sounds such as "mama" and "dada"...……..…….	☐	☐
14. Repeat sounds or gestures for attention…...……	☐	☐
15. Seem to hear well…….……	☐	☐
16. Play pat-a-cake or peek-a-boo….……...……	☐	☐
17. Explore objects by shaking, banging, throwing…..……..	☐	☐
18. Try to pick up objects with thumb and forefinger……..	☐	☐
19. Sit alone for a long time……...……	☐	☐
20. Go from tummy to sitting by self…….	☐	☐
21. Crawl, creep and scoot on bottom..……..	☐	☐
22. Pull to a standing position……	☐	☐
23. Do you have smoke alarms in your house?……..…	☐	☐
24. Does your child ride in a rear-facing safety seat?……	☐	☐
25. Do you know infant CPR?……...	☐	☐
26. Is your child exposed to cigarette smoke?……	☐	☐
27. Is your child attending day care?…….……	☐	☐

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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