## 9 - Month Child Health Supervision (EPSDT) Visit

### HISTORY:

- **Parent Concerns:**

- **Maternal & Birth History:**
  - Birth HX form reviewed
  - Initial/Interval History:

### PHYSICAL EXAMINATION (check box):

<table>
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<tr>
<th>N</th>
<th>L</th>
<th>AB</th>
<th>NE</th>
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<tbody>
<tr>
<td>COMMENTS</td>
<td>NL-normal, AB-abnormal, NE-not examined</td>
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<tr>
<td>General</td>
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<td>Skin</td>
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<td>Fontanels</td>
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<td>Eyes: Red Reflex, Appearance</td>
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<td>Ears, TMs</td>
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<td>Nose</td>
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<td>Lips/Palate</td>
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<td>Teeth/Gums</td>
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<td>Tongue/Pharynx</td>
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<td>Neck/Nodes</td>
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<td>Chest/Breast</td>
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<td>Lungs</td>
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<td>Heart</td>
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<td>Abd/Umbilicus</td>
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<td>Genitalia/ Femoral Pulses</td>
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<td>Extremities, Clavicles, Hips</td>
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<td>Muscular</td>
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<td>Neuromotor</td>
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<tr>
<td>Back/Sacral Dimple</td>
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### SENSORY SCREENING:

- Any parent concerns about vision or hearing? □ Yes □ No
- **Vision:**
  - Follows objects and eyes team together: □ Yes □ No
- **Hearing:**
  - Responds to sounds: □ Yes □ No

### DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:

- Parent Concerns Discussed? (Required) □ Yes
- Standardized Screen Used? (Suggested by AAP) □ Yes □ No

### Clinician Observations/History: (Suggested options)

- **Motor Skills** (observe head, trunk, and limb control):
  - Pulls up to stand Y N
  - Cruises (walks holding on to furniture/ hand/ etc.) Y N

- **Fine Motor Skills**
  - Three finger grasp Y N
  - Secures small wad of paper Y N
  - Bangs objects together Y N
  - Feeds self crackers Y N

- **Language/Socioemotional/Cognitive Skills**
  - Says "Dada" or "Mama" (non-specifically) Y N
  - Looks over edge for dropped object (object permanence) Y N
  - Stranger anxiety Y N
  - Waves (red flag) Y N
  - Points (red flag) Y N
  - Plays peek-a-boo (red flag) Y N

- **Parent – Infant Interaction**
  - Interaction appears age appropriate Y N

### Other:

- Adequate support system? □ Yes □ No
- Adequate respite? □ Yes □ No

- See instrument form: □ PEDS □ Ages & Stages
- □ Other: _____________________________________

- DB Concerns: (e.g. sleep/feeding) ___________________

- Clinician concerns regarding interaction:

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CHCA Revised 09/13/2014
**ANTICIPATORY GUIDANCE:**
Select at least one topic in each category (as appropriate to family):

**Injury/Serious Illness Prevention:**
- Car Seat
- Falls
- No strings around neck
- No shaking
- Burns-hot water heater max temp 125 degrees F
- Smoke alarms
- No passive smoke (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Walkers
- Hanging cords
- No sun exposure
- Fever management

**Violence Prevention:**
- Adequate support system?
- Adequate respite?
- Feel safe in neighborhood?
- Domestic Violence?
- No Shaking
- Gun Safety
- Other

**Sleep Safety Counseling:**
- Sleep Safety
- Read to infant (e.g. Reach out and Read)
- Other

**Nutrition Counseling:**
- Breast
- Formula
- Solids
- Less frequent stools typical for bottle fed infants
- 5-8 wet diapers/day
- Vitamins
- No honey
- No microwave
- No infant feeders
- Other

**What to anticipate before next visit:**
- May want more independence (especially in feeding)
- May be walking by 12 mos
- Okay to allow infant to finger feed
- Back to work?
- Weaning?
- Temperament style
- Walkers
- Child-proofing
- Discipline
- Different rates of development are normal
- Other

**PROCEDURES:**
- Hematocrit or Hemoglobin (required between 9-12 mos)
- Blood lead test (required once between 9-12 mos)
- TB test (if at risk)

**DENTAL REMINDER**
PCP screen at 1st tooth eruption
Fluoride source?

**IMMUNIZATIONS DUE at this visit:**

**Catch-up on vaccines**
- HepB #
  - Given
  - Not Given
  - Up to Date
- DTap #
  - Given
  - Not Given
  - Up to Date
- Hib #
  - Given
  - Not Given
  - Up to Date
- IPV #
  - Given
  - Not Given
  - Up to Date
- PCV #
  - Given
  - Not Given
  - Up to Date

**Reason Not Given if due:**
- List Vaccine(s) not given:
  - Vaccine not available
  - Child ill
  - Parent Declined
  - Other

**NOTE:** Check immunization status according to ACIP schedule (infants born to HBsAg positive mothers should be tested for HVsAG and antibody to HBsAG after completion of the HepB series, at age 9 through 18 months; generally at the next well child visit after completion of the vaccine series).

**ASSESSMENT:**
- Healthy, no problems

**PLAN/RECOMMENDATIONS:**
- Do vaccines/procedures marked above?
- Other
- Anticipatory guidance discussed (as described in box above)

**Next Health Supervision (EPSDT) Visit Due:** ________________

Provider Signature: ___________________________ Date: ___________________________