PHYSICAL EXAMINATION (check appropriate box):

<table>
<thead>
<tr>
<th></th>
<th>N L</th>
<th>AB</th>
<th>N E</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>General</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Eyes: Red Reflex, Appearance</td>
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<tr>
<td>Ears, TMs</td>
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<tr>
<td>Nose</td>
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<tr>
<td>Lips/Palate</td>
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<tr>
<td>Teeth/Gums</td>
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<td>Tongue/Pharynx</td>
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<tr>
<td>Neck/Nodes</td>
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<tr>
<td>Chest/Breast</td>
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<td>Lungs</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Abd/Umbilicus</td>
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<tr>
<td>Genitalia/ Femoral Pulses</td>
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<tr>
<td>Extremities, Clavicles, Hips</td>
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<tr>
<td>Muscular</td>
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<tr>
<td>Neuromotor</td>
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<tr>
<td>Back/Sacral Dimple</td>
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HISTORY:

Parent Concerns:
________________________________________________________________________
________________________________________________________________________

Initial/Interval History:
________________________________________________________________________
________________________________________________________________________

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 □ No

Standardized Screen Used? (Suggested by AAP) □ Yes □ No

See instrument form: □ PEDS □ Ages & Stages □ Other: ____________________________

DB Concerns: (e.g. sleep/feeding) ________________________________________________

Clinician Observations/History: (Suggested options)

Motor Skills (observe head, trunk, and limb control)

- Walks independently (or with minimal help) □ Y □ N
- Cruises (walks holding on to furniture/hands/etc.) □ Y □ N

Fine Motor Skills

- Mature overhand pincer □ Y □ N
- Secures small wad of paper □ Y □ N
- Makes mark with crayon □ Y □ N
- Feeds self crackers □ Y □ N

Language/Socioemotional/Cognitive Skills

- Says "Dada" or "Mama" (appropriately; 10 mos) □ Y □ N
- Says one word other than "Mama/Dada" (11m) □ Y □ N
- Understands "No" (10m) □ Y □ N
- Understands one step command w/gesture □ Y □ N
- Uncovers hidden object □ 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

Clinician concerns regarding interaction:
## 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)
- Sun protection
- Walkers
- Hanging cords
- Fever management
- Other:

### 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
- Weaning to cup
- Whole cow’s milk okay after 1 yr
- Feeding self solids
- Vitamins
- Honey okay after 1 yr
- No popcorn, peanuts, hard candy
- Finger foods
- Limit juice (4 oz or less/day)
- Other:

### What to anticipate before next visit:
- May want more independence (especially in feeding)
- Common to fell less confident as a parent when child has mobility and desire for independence
- Okay to allow infant to finger feed
- Weight gain slows at 12 mos
- Child proofing
- Discipline
- Coping with separation
- Different rates of development are normal
- Other:

## Procedures:
- Hematocrit or Hemoglobin (required once 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 vaccinations**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>#</th>
<th>Given</th>
<th>Not Given</th>
<th>Up to Date</th>
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<tbody>
<tr>
<td>DTap4</td>
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<tr>
<td>Hib4</td>
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<tr>
<td>PCV4</td>
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<tr>
<td>MMRV1</td>
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<tr>
<td>HepA</td>
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<tr>
<td>Flu (yearly)</td>
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## Catch-up vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>#</th>
<th>Given</th>
<th>Not Given</th>
<th>Up to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB</td>
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## Plan/Recommendations:
- Do vaccines/procedures marked above
- Other:
- Anticipatory guidance discussed (as described in box above)

## Assessment:
- Healthy, no problems

## Next Health Supervision (EPSDT) Visit Due: