

Four Seasons Pediatrics

Well Visit Form for 9 Month, 12 Month & 15 Month Well Visit

Child's Name: _____ Birth Date: _____ Age: _____

Today's Date: _____

Any change in address, if so list new information:

Feeding History:

What kind of milk (breast or formula and type) does your baby take? _____

If Bottle-fed – ounces usually ingested in 24 hours: _____

If Breast-fed: # feedings/24 hours: _____ (please note we recommend Tri Vi Sol OTC vitamins)

Is your baby on solids? _____

Does your baby often have diarrhea? _____

Any problems with feeding? _____

Is your baby on fluoride drops? _____

Behavior:

Any problems with your babies sleeping? _____

Does your baby have any difficult behavior you would like to change?

Illnesses:

If your baby is on medicines, name them: _____

Has your baby had any serious illnesses since the last check up? _____

Development:

Please check the boxes to indicate if your 9 month old does the following:

Pokes his/her fingers at objects

Babbles and imitates sounds

Sits well by him/herself

Waves bye-bye or plays pat-a-cake

Creeps on the floor

Turns to your voice when you are talking

Please check the boxes to indicate if your 12 month old does the following:

Puts toys into a container (toy box)

Says 'mama and dada' specifically to you

Briefly stands by him/herself

Says 2 other words besides mama/dada

Walks with one hand held

Gives you an object when you ask for it

Uses thumb/finger to grab things

Helps getting dressed (lifting his arms)

Please check the boxes to indicate if your 15 month old does the following:

Drinks from a cup

Feeds self

Identifies body parts

Understands simple directions

Social:

Are both parents living at home? _____

Screening – Please check the box if any of the following are true:

My child has had exposure to tuberculosis or a person with a positive skin test

My child spends a significant amount of time in a home built before 1960

There is a family history of high cholesterol of > 240 in either parent or grandparents

There is a family history of heart disease before 55 in either parent or grandparents