

Four Seasons Pediatrics

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

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

Today's Date: _____

Feeding History:

- What kind of milk (breast or formula and type) does your child take? _____
- If Bottle-fed – ounces usually ingested in 24 hours: _____
- If Breast-fed: # feedings/24 hours: _____
- Is your child on solids? _____
- Does your child often have diarrhea? _____
- Any problems with feeding? _____
- Is your child on fluoride drops? _____

Behavior:

- Any problems with your child's sleeping? _____
- Does your child have any difficult behavior you would like to change? _____

Illnesses:

- If your child is on medicines, name them: _____
- Has your child had any serious illnesses since the last check up? _____

Development:

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

- | | |
|---|---|
| <input type="checkbox"/> Pokes his/her fingers at objects | <input type="checkbox"/> Babbles and imitates sounds |
| <input type="checkbox"/> Sits well by him/herself | <input type="checkbox"/> Waves bye-bye or plays pat-a-cake |
| <input type="checkbox"/> Creeps on the floor | <input type="checkbox"/> Turns to your voice when you are talking |

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

- | | |
|---|---|
| <input type="checkbox"/> Puts toys into a container (toy box) | <input type="checkbox"/> Says 'mama and dada' specifically to you |
| <input type="checkbox"/> Briefly stands by him/herself | <input type="checkbox"/> Says 2 other words besides mama/dada |
| <input type="checkbox"/> Walks with one hand held | <input type="checkbox"/> Gives you an object when you ask for it |
| <input type="checkbox"/> Uses thumb/finger to grab things | <input type="checkbox"/> Helps getting dressed (lifting his arms) |

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

- | | |
|--|--|
| <input type="checkbox"/> Drinks from a cup | <input type="checkbox"/> Feeds self |
| <input type="checkbox"/> Identifies body parts | <input type="checkbox"/> Understands simple directions |

Social:

- Are both parents living at home? _____
- Do you have any concerns about meeting your daily needs, paying for medications, household income, food or housing, crime or other social and economic issues? _____
- Does anyone in the family have any vision, hearing or cognitive problems that would hinder communication with the medical provider? _____
- There are concerns about firearms in the 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
- There is a family history of mental health concerns or substance abuse.

Vaccine Information Statements (Check One)

- I will review the in-room copy
- I will review the on-line copy at your website
- I would like a paper copy



Injury Prevention



The most common accidents that occur at this age:

- **Falling down stairs and through windows:** use gates and install safety devices
- **Pulling a hot drink** off of a tablecloth or place mat.
- **Electrical shock:** cover sockets and conceal electric cords.
- **Choking** from food in the windpipe. Common foods to avoid: peanuts, hot dogs, popcorn, frozen peas, corn, beans, carrot sticks, celery, raw apple, grapes and raisins.
- **Accidental poisoning:** Ipecac syrup should no longer be kept in the household, in almost all situations. If you live in an area that is extremely far from a hospital, ask us whether you should have a prescription for it. If your child should ingest something call Poison Control at **1-800-222-1222**
- **Poisoning from an attractive bottle:** Do not store possible poisons in empty soda bottles, glasses, or jars.
- **Automobile accidents:** be prepared to purchase a convertible car seat at around 20 lbs.

Nutrition

Table foods generally can be given when your child is able to sit at the table with the family. There are generally 3-4 feedings per day at this age, with formula making up approximately 16-32 ounces per day, the rest in solids. Anticipate a **drop off in appetite** very soon. Many parents worry about this, but it is normal. You pick **what** your child eats, let him pick **how much**. You should now highly encourage the cup, and phase off the bottle by 12 months.

Cereals and Bread: Your child may enjoy infant cereals, as well as Cream of Wheat or other plain hot cereals. It is also okay to serve toast, bagel, crackers and teething biscuits.

Vegetables: Introduce cooked, mashed family vegetables and junior vegetables.

Fruits: Peeled, soft fruit wedges, bananas, peaches, pears, and apples are well liked at this age

Proteins: lean meat, chicken (strained, chopped or small tender pieces) can be offered. Cooked dried beans are high in protein. Eggs can be offered.

If your drinking water does not contain fluoride, you child should be taking 0.25 mg daily.

Behaviors

Encourage vocalizations and communication. Imitate the baby's sounds.

- Name objects and pictures with your child. Encourage exploration.
- It is normal for your child to show independent behavior at this age.
- Discipline is not the same as punishment. It is important to teach rules and set limits. In many instances, distracting your child from unacceptable behavior is the best answer. Save your NO's for those times when your child is headed for dangerous experiences.

➤ **Separation Protest:** Many children cry when parents leave. This is a normal behavior; and not from spoiling. You will not harm him by leaving him with others.

Shoes



Shoes protect the baby's feet against sharp objects, heat and cold. Bare feet would be fine if it were not for these hazards. Healthy children don't need shoes for support unless there is a special medical problem. Buy shoes that are flexible, with comfortable "uppers" that aren't too tight or too loose. You don't need expensive shoes (e.g. Buster Brown, Stride-Rite) since studies show no difference in how

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children's feet develop. An inexpensive pair of sneakers is just fine.

Sleeping

Follow a regular bedtime routine. Your child may awaken briefly at night.

Provide a favorite toy. If you are having problems with your child's sleeping pattern, please read the special section below.

Recommended Reading

The Wellness Times

Your Child's Health by Barton Schmitt, MD

Solving Your Child's Sleep Problems by Richard Ferber, MD

Feed Me I'm Yours by Vicky Lansky

Next Visit



Your next health visit will be the 1 year well child visit. Your appointment must be made on or after your child's 1st birthday or shots cannot be given (the school will make us repeat them. Please notify us as soon as possible (no later than 24 hours prior to your appointment) if you cannot make an appointment.

Immunizations

Today your child received the 3rd dose of Hepatitis B Vaccine. At the 1 year visit we generally will be doing blood work as well as the following immunizations.

12 Months HIB, Prevnar, Hepatitis A Vaccine

June 8, 2018

Helping Your Child Back to Sleep

How do I know if my child has developed poor comforting skills?

In general, most children should have learned to comfort themselves to sleep by this point. If your child awakens and seems to immediately stop crying when you enter the room or pick him up, but starts again when you leave, you child may not have learned how to comfort himself. He prefers to have you present to comfort him instead.

I got into the habit of bringing my child to bed so I can sleep, what can I do now?

Your child needs to learn how to comfort himself. If you give this 2-3 nights, we can almost guarantee that your child will be sleeping and comforting himself by the 3rd night. Follow the steps below (both parents must agree to do this for it to be successful):

- On the **1st Night**: Wait 5 minutes before going into the room. (Use a timer). Enter the room for less than a minute (make it a brief, boring, contact). Don't pick him up. Whisper "It's sleep time, I love you, good-night." Leave the room and set your timer to 10 minutes. Repeat the above. Add 5 minutes to the timer each time you leave the room. (Go in at 5", 10", 15", 20" etc until your child falls asleep)
- On the **2nd Night**: Start your timer at 10 minutes and repeat the above adding 5" each time you leave (Go in at 10", 15", 20" etc) until asleep
- On the **3rd Night**: Start your timer at 15 minutes and repeat the above adding 5" each time you leave until asleep
- Don't start this until you are prepared to see it through. Starting and then stopping will only teach your child that if he cries long enough and loud enough that you will eventually give in.