

Your Child's 6 Month Well-Visit

Child's Name _____

Child's Date of Birth _____

This form will help us give your child the best care possible. We will use it to focus the visit on the information you would like to receive.

This tool was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). Visit www.wellvisitplanner.org or contact cahmi@ohsu.edu for further information.

Your Name: _____ Your relationship to the child: _____

Share with me one thing that **your child is able to do** that you are excited about: _____

Are there any specific **concerns** you want to discuss today? No Yes _____

Have there been any **major** changes in your family lately? None Move Job Change Separation Divorce

Death in the family Other? Describe: _____

GENERAL HEALTH INFORMATION

Yes No

Since your last visit, has your child had any **major** illnesses and/or hospitalizations? Yes No

Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)? Yes No

Have any of your child's relatives developed new medical problems since the last visit? Yes No

Does your child live with both parents in the same home? Yes No

Do you have at least one person whom you trust and to whom you can go with personal difficulties? Yes No

Do any adults who are around your child smoke? (includes inside or outside the house) Yes No

Do you have trouble paying for supplies like food, clothes and shoes? Yes No

In general, how well do you feel you are coping with the day-to-day demands of parenthood?

Not well at all Not very well Somewhat well Well Very well

In the past two weeks, how often have you been bothered by any of the following problems:

Little interest or pleasure in doing things? Nearly every day More than half the days Several days Not at all

Feeling down, depressed or hopeless? Nearly every day More than half the days Several days Not at all

PICK YOUR PRIORITIES: UP TO FIVE Tell us what you want to talk about today by checking up to **5 boxes TOTAL** from the topics below (fewer than 5 is OK, too). Find information on the topics below at www.wellvisitplanner.org/education.

How You & Your Family Are Doing

- Making sure you have adequate emotional support
- Balancing taking care of yourself while being a parent
- Issues related to childcare (such as nanny, daycare, etc.)

Your Child Is Eating & Growing

- What to feed your child, what to avoid
- How much food your child needs, weight gain
- Understanding feeding time behaviors
- Vitamins your child may/should take
- Guidance on breast-feeding
- Guidance on formula feeding

How Your Child Is Developing

- Behaviors to expect in the next few months
- What your child is able to understand
- Establishing consistent daily routines
- Sleep patterns & routines
- "Back-to-sleep" & crib safety
- Fussiness, irritability & night waking
- How your child responds to new people
- How your child communicates needs
- Your child's moods & emotions
- Tips for calming & relaxing your child
- Importance of reading & picture books

Other

Your Child's Dental Health

- Fluoride for your child's teeth
- Tips for brushing teeth or gums
- Why to avoid bottles in bed

Your Child's Safety

- Childproofing for a crawling baby
- Installing & using the car seat correctly
- Preventing falls, safety issues with wheeled baby walkers
- Preventing choking, common choking hazards
- What to do if your child swallows poison & when to call poison control center
- Preventing burns & hot water temp in home
- Bathtub, water & pool safety

YOUR GROWING AND DEVELOPING CHILD

Do you have any specific concerns about your child's learning, development or behavior? Not at all A little A lot
Describe: _____

Do your child's eyes appear unusual or seem to cross, drift or be lazy? Yes No

Do you have concerns about how your child hears? Yes No

Please check each task your child is able to do right now.

Gross Motor

- Roll Over
- Sit without support

Fine Motor

- Reach for objects
- Look for a dropped object

Social/Emotional

- Work for a toy out of reach
- Enjoy gentle tickling games

Cognitive/Communicative

- Turn to a rattling sound
- Turn to a voice