

Your Child's 9 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 <i>major</i> illnesses and/or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your child's relatives developed new medical problems since the last visit?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with both parents in the same home?	<input type="checkbox"/>	<input type="checkbox"/>
Do any adults who are around your child smoke? (includes inside or outside the house)	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel unsafe in your current relationship?	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, have you or your child been hit, kicked, punched or otherwise hurt by someone?	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your partner or other family member belittled, bullied, or screamed at you or your child?	<input type="checkbox"/>	<input type="checkbox"/>
In general, how well do you feel you are coping with the day-to-day demands of parenthood? <input type="checkbox"/> Not well at all <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Well <input type="checkbox"/> Very well		

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.

Your Child & Your Family

- Ways to guide & discipline your child
- Importance of consistent discipline strategies between parents & caregivers
- Save using the word "NO" for the most important times
- Balancing taking care of yourself while being a parent
- Domestic violence: Do you feel safe at home?

How Your Child Is Developing

- Behaviors to expect in the next few months
- Changes to bed & nap time routines
- Television - why the experts say "no" TV
- Your child's increasing independence
- Games and toys that help your child learn
- Ways your child communicates
- Separation anxiety
- Your child's moods & emotions

Your Child's Safety

- Indoor & outdoor childproofing
- Installing car seat correctly/when it can be faced forward
- Preventing your child from getting burned & how to use barriers to the stove/space heater
- Preventing falls from stairs, windows, & other dangerous places
- Bathtub, water & pool safety
- What to do if your child swallows poison & when to call poison control center
- Gun safety in your home & other places your child visits

How Your Child Is Eating

- Feeding time strategies & self feeding
- Using a cup
- How much & what kinds of foods your child eats
- Importance of mealtime routines

Other

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 any concerns about how your child hears? Yes No

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

Gross Motor

- Stand holding on to furniture
- Pull to stand

Fine Motor

- Pass an object, such as a block, back and forth between hands
- Hold onto one object and take a second object from you

Social/Emotional

- Feed himself/herself
- Wave bye-bye

Cognitive/Communicative

- Make a variety of repetitive sounds (for example, da-da-da or ga-ga-ga)
- Say mama or dada (not necessarily associating the words with a person)