I. INTERVAL HISTORY/PARENT’S CONCERNS:

Sleeping: __________________________
Activity: __________________________
Child Care: ________________________
Crossing Eyes: _____________________
Family High Risk Factors: ___________

Nutrition: Breast ______ min/feeding ______ times per day
Nutrition: Formula: __________ , ______ oz/feeding ______ times per day
Nutrition: Solid food: ______________
Output: Urine: ______________________ Stools: ______________________
Output: Diaper Rash: __________________

II. UNCLOTHED PHYSICAL EXAM: ☐ Check Growth Chart

SYSTEM NL ABN NE COMMENTS
General
Skin
Head
Eyes
Ears
Nose
Oropharynx
Neck
Lungs
Heart
Pulses
Abdomen
Back
GU
Skeletal
Neuro

SIGNATURE DATE

DATE NAME DATE OF BIRTH

MO HEALTHNET NUMBER MEDICAL RECORD NUMBER

TEMP RR HEIGHT BMI

PULSE HEAD CIRC

ALLERGIES ☐ NKDA

MEDICATIONS ☐ NONE

MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
HEALTHY CHILDREN AND YOUTH SCREENING GUIDE
6-8 MONTHS

MO 886-3991 (11-07)
### III. ANTICIPATORY GUIDANCE

(Check all that apply)
- Night crying
- Stimulation - safe toys
- Separation anxiety
- Parent-child interaction
- Child-proofing cords, electrical sockets, plants, stairs
- Reading to child
- Respiratory infections
- Parental smoking

- Foreign bodies
- Co-sleeping
- Crib safety
- Water heater temperature (<130 F)
- Bathtub safety
- Playpen safety
- Car seats/Airbags
- Poisons
- Smoke detector

- Acetaminophen dose
- Feeding:
  - Iron/Vitamins
  - Breast-feeding support
  - Bottle-propping
  - Intro to new foods, cereals, vegetables, fruits
  - Eating with hands

### IV: LAB/IMMUNIZATIONS

- Labs:

Immunizations given today:
- UTD
- Written information given
- Consent signed

(Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

### V. LEAD SCREEN

Lead Assessment Guide complete:
- Negative Screen
- Positive screen - draw blood lead level

### VI. DEVELOPMENTAL AND MENTAL HEALTH

- Parents As Teachers referral (Check all that apply)

- Attachment to caretaker
- Reciprocal emotions
- Engages in social play
- Laughs - R
- Works for toy
- Squeals - R
- Recognizes parent

- Vocalizes consonants
- Stranger anxiety
- Imitates razzing
- Reciprocal babbles
- Comforts self

### VII. FINE MOTOR/GROSS MOTOR

(Check all that apply)

- Rolls over - R
- Unilateral reach
- Reaches
- Rolls both ways
- Follows object 180 degrees
- Bears weight
- Regards raisin
- Sits without support
- Lifts chest up with arm support
- No head lag

- Rakes with fingers
- Begins self feeding
- Transfers objects
- Grasp and mouthing

### VIII. HEARING

(Check all that apply)

- Parental perception of hearing
- Awakes to loud noise
- Head turning with noise
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- ERA/ABR screen for infant in tertiary care > 5 days
- Family history of hearing disorders

- PMHx: NICU admission/ ear infection/ head injury/ congenital anomalies/ meningitis/ mumps/ cerebral palsy
- Language development

### IX. VISION

(Check all that apply)

- Parental perception of vision

- Observation for
  - Blinking
  - Pupillary response
  - Red reflex/fundus
  - Tracking
  - Cover test

- Regards hands
- Follows objects across midline
- Smiles at mirror image - R
- Responds to bright colors
- Reaches for objects
- Focuses on objects and people, not lights

- Family history of visual disorders

- PMHx: NICU admission/ prolonged oxygen administration

Note: Misalignment normal in first six months

### X. DENTAL

- Baby bottle tooth decay syndrome
- Normal tooth eruption times
- Teething behavior
- Assess teeth development and oral hygiene - Teeth cleaning
- Fluoride supplements if water fluoridation less that 0.7 ppm

Note: It is recommended that assessment preventive dental services and oral treatments for children begin at age 6-12 months and be repeated every 6 months or as medically indicated.

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**ASSESSMENT/EDUCATION/PLAN**

**ORDERS**

**SIGNATURE**

**DATE**