

Well Child Check: 6 Month Visit



Childs Name: _____ DOB: _____ Date: _____

Please answer the following questions. It will help your clinicians spend more time discussing those specific issues that concern you. PLEASE FILL OUT BOTH SIDES.

Does your child roll over?	YES	NO	UNSURE
Does your child lift the head up as you get him/her out of the car seat?	YES	NO	UNSURE
Does your child sit with your help?	YES	NO	UNSURE
Does your child reach and grab for things?	YES	NO	UNSURE
Does your child reach using a raking grasp? (This means using the entire hand with outstretched fingers to grab at objects).	YES	NO	UNSURE
Does your child turn towards sound?	YES	NO	UNSURE
Does your child babble (make sounds like “ba”, “ma”, “ga”)?	YES	NO	UNSURE
Does your child smile at you?	YES	NO	UNSURE
Does your baby drink breast milk or formula?			
	Breast Milk	Formula	Both
If you are giving formula, how many ounces does your child take in 24 hours? _____ oz.			
Type of formula?			
Are you satisfied with your child’s sleep?	YES	NO	UNSURE
Does your child sleep through the night?	YES	NO	UNSURE
Is your home child-proofed?	YES	NO	UNSURE
Do you usually protect your child with sunscreen/hats other measures when outdoors?	YES	NO	UNSURE
Do you have the poison control number (800-222-1222) posted at home?	YES	NO	UNSURE
Does your child have access to a pool that does not have a locked gate?	YES	NO	UNSURE
Does your child use a walker (one that moves on wheels)?	YES	NO	UNSURE
Do you have any other safety concerns at your home? If so, what you are your concerns?			

Has mom been feeling sad, anxious, hopeless or depressed often?	YES	NO	UNSURE
Who provides daytime care for your child?			
Does your water contain fluoride?	YES	NO	UNSURE
Is your child on any medications or supplements including vitamins? If so, please list below:			
Do you have any international travel plans prior to you child's first birthday? If so, when and where?			
Risk Assessment for Tuberculosis Exposure/Infection:			
Has a family member or contact had tuberculosis disease?	YES	NO	UNSURE
Since your child's last well check has a family member or contact had a positive Tuberculosis test?	YES	NO	UNSURE
Was your child born in a high-risk country? (Countries other than the United States, Canada, Australia, New Zealand, or Western European countries)?	YES	NO	UNSURE
Has your child traveled to (or had contact with people who live in) a high-risk country for more than one week (countries other than the United States; Australia, New Zealand or Western European countries)?	YES	NO	UNSURE