GARDNER
Packard Children's Health Center

CLINIC VISITS • PRIMARY CARE CLINIC •
PROGRESS NOTE **NINE MONTH** WELL CHILD VISIT

Medical Record Number

Patient Name

Addressograph or Label

IDENTIFICATION:

LANGUAGE:_____
❑ Interpreter ❑ Provider speaks language

ACCOMPANIED BY: ❑ Mom ❑ Dad ❑ Other :

CONCERNS:

INTERVAL HISTORY: (significant changes, illnesses, events since last visit)

FOLLOW UP – PROBLEMS FROM PREVIOUS VISITS:

NUTRITION:
❑ Breast feeding: Times per day _____
❑ Formula type: _____ Amount _____ oz/ day
❑ Balance of solids: protein, fruit/vegetables

ELIMINATION:
❑ No concerns
❑ Soft stools

SLEEP:
❑ No concerns
❑ Appropriate amount (target 9-12 hours/night plus naps)

SOCIAL/ENVIRONMENTAL SCREENING - Check if discussed and negative
❑ Food insecurity: In the past year, have you run out of food before you could buy more - or worried about running out of food?
❑ Housing insecurity: (positive if any one of the following are true)
- Moved more than once in past year
- >2 people/bedroom
- >1 family/home

❑ Domestic violence: In the past year, have you felt afraid of your partner?
❑ Guns: Are there guns in your home?
❑ Tobacco: Does anyone smoke where you live?

DEVELOPMENTAL SCREENING
❑ ASQ passed

SAMPLE MILESTONES:
❑ Crawls/creeps
❑ Sits alone
❑ Pulls to stand
❑ Stands holding on
❑ Cruises
❑ Immature pincer
❑ Bangs two objects together
❑ Waves/claps/peek-a-boo
❑ Stranger anxiety
❑ Mama/Dada nonspecific

Wt. _____kg (%ile) ❑ tracking

Ht. _____cm (%ile) ❑ tracking

HC _____cm (%ile) ❑ tracking

T_____ P_____ RR_____ BP_____

MEDICATIONS:
❑ None
❑ Vitamin D _____

ALLERGIES/VACCINE REACTIONS:
❑ No known drug, food, or environmental allergies

IMMUNIZATIONS:
❑ Record reviewed - up to date

PAST MEDICAL HISTORY: ❑ Full Term

FAMILY HISTORY:

FAMILY STRUCTURE, PRIMARY CARETAKER(S):

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PHYSICAL EXAM	Normal	Abnormal (Describe):
General:	❑ well-appearing	❑
Skin:	❑ no jaundice, no rash, no lesions	❑
Head:	❑ normocephalic, open anterior fontanelle	❑
Eyes:	❑ symmetric red reflex – no strabismus	❑
ENT:	❑ intact palate, patent nares	❑
Neck:	❑ supple, no lymphadenopathy, no torticollis	❑
CV:	❑ RRR, no murmurs, NI S_1 & S_2, good femoral pulses	❑
Chest:	❑ clear, no retractions/grunting/flaring	❑
Abdomen:	❑ soft, no hepatosplenomegaly, no masses	❑
GU:	❑ NI female/male, testes descended	❑
Back:	❑ intact spine, no sacral dimple/pit	❑
Ext/Hips:	❑ stable hips, well perfused, no deformity	❑
Neuro:	❑ symmetric movements, normal tone, no deficits	❑

ASSESSMENT

1. _____ month old ❑ Healthy child ❑ Good growth ❑ Normal development ❑ No significant social concerns
2.
3.

PLAN:

NUTRITION

❑ Vitamin D 400 IU/day

VACCINES:

❑ None
❑ DTaP # _____
❑ Hepatitis B # _____
❑ Hib # _____
❑ IPV # _____
❑ PCV# _____
❑ Influenza

❑ Vaccine Information Sheet given

❑ **GPCH DENTAL SCREENING AND EDUCATION**

GUIDANCE TO FAMILIES:

❑ Bright Futures handout provided

❑ Increasing mobility, fine motor skills -- impact on safety
- Childproofing
- Choking risk (food, coins, small objects)
- Keep Poison Control number by phone
- Avoid walkers or take off wheels
- Water safety (tubs, toilets, pools)

❑ Car seat facing backwards until age 2

❑ **REACH OUT AND READ BOOK GIVEN**

FOLLOW-UP VISITS:

❑ 3 months for WCC
❑ Other follow-up:

PROBLEMS FOR FOLLOW UP:

DATE	TIME	Physician Signature:	PRINT Name: