To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development screening and Oral Health Risk Assessment are also part of this visit. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today?  ○ No  ○ Yes, describe:

TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs?  ○ No  ○ Yes, describe:

Have there been major changes lately in your baby's or family's life?  ○ No  ○ Yes, describe:

Have any of your baby's relatives developed new medical problems since your last visit?  ○ No  ○ Yes  ○ Unsure If yes or unsure, please describe:

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  ○ No  ○ Yes  ○ Unsure

YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior?  ○ No  ○ Yes, describe:

Check off each of the tasks that your baby is able to do.

☐ Use basic gestures, such as holding her arms out to be picked up or waving "bye-bye."
☐ Look for dropped objects.
☐ Play games such as peekaboo and pat-a-cake.
☐ Turn consistently when his name is called.
☐ Say, "Dada" or "Mama."
☐ Look around when you say things such as "Where's your bottle?" and "Where's your blanket?"
☐ Copy sounds that you make.
☐ Sit well without support.
☐ Pull herself to a standing position.
☐ Move easily between sitting and lying.
☐ Crawl on hands and knees.
☐ Pick up food and eat it.
☐ Pick up small objects with 3 fingers and a thumb.
☐ Let go of objects on purpose.
☐ Bang objects together.
9 MONTH VISIT

**RISK ASSESSMENT**

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Do you have concerns about how your baby hears?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lead</td>
<td>Does your baby live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or that was renovated in the past 6 months?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oral health</td>
<td>Does your baby’s primary water source contain fluoride?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Vision</td>
<td>Do you have concerns about how your baby sees?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Do your baby’s eyes appear unusual or seem to cross?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Do your baby’s eyelids droop or does one eyelid tend to close?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Have your baby’s eyes ever been injured?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**ANTICIPATORY GUIDANCE**

How are things going for you, your baby, and your family?

**YOUR FAMILY’S HEALTH AND WELL-BEING**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you always feel safe in your home?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Have you developed routines or other ways to take care of yourself?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**CARING FOR YOUR BABY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a regular bedtime routine for your baby?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does she wake up during the night?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is your baby learning new things?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does your baby have ways to tell you what he wants and needs?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is a TV, computer, tablet, or smartphone on in the background while your baby is in the room?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does your baby watch TV or play on a tablet or smartphone?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>If yes, how much time each day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you made a family media use plan to help you balance media use with other family activities?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**DISCIPLINE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you and your partner agree on how to handle your baby’s behavior?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do you limit the use of “No” to only the most important issues?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>If you have other children, do you let them help with the baby as much as they can?</td>
<td>O NA</td>
<td>O</td>
</tr>
</tbody>
</table>

**FEEDING YOUR BABY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your baby feed herself?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does your baby drink from a cup?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do you let your baby decide what and how much to eat?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do you give your baby foods with different textures (such as pureed, blended, mashed, chopped, or lumps)?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>If you are breastfeeding, are you planning on continuing?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**SAFETY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your baby fastened securely in a rear-facing car safety seat in the back seat every time he rides in a vehicle?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do you have any habits or reminders that prevent you from ever leaving your baby in the car?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do you keep your baby away from the stove, fireplaces, and space heaters?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
### SAFETY (CONTINUED)

<table>
<thead>
<tr>
<th>Car and Home Safety (continued)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you keep cleaners and medicines locked up and out of your baby's sight and reach?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Do you always stay within arm's reach of your baby when she is in the bathtub?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Do you keep furniture away from windows and use operable window guards on second-floor and higher windows? (Operable means that, in case of an emergency, an adult can open the window.)</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Do you have a gate at the top and bottom of all stairs in your home?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gun Safety</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone in your home or the homes where your baby spends time a gun?</td>
<td>○ No</td>
<td>○ Yes</td>
</tr>
<tr>
<td>If yes, is the gun unloaded and locked up?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>If yes, is the ammunition stored and locked up separately from the gun?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
</tbody>
</table>

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to [https://brightfutures.aap.org](https://brightfutures.aap.org).
Well Child | 9 Month Visit

Accompanied By: Preferred Language: Date/Time: Name:

Weight (%): Length (%): Weight-for-length (%): HC (%): ID Number:

Vitals (if indicated): Temp: HR: Resp Rate: SpO₂: Birth Date: Age: Sex: M F

**HISTORY**

Concerns and Questions: □ None

Interval History: □ None

**Medical History:** □ Infant has special health care needs.

Areas reviewed and updated as needed

□ Past Medical History (See Initial History Questionnaire.)

□ Surgical History (See Initial History Questionnaire.)

□ Problem List (See Problem List.)

**Medications:** □ None

□ Reviewed and updated (See Medication Record.)

**Current Medications:** □ None

**Allergies:** □ No known drug allergies

**DEVELOPMENT**

= Normal development □ See Previsit Questionnaire.

Caregiver concerns about development: □ None □ Yes:

□ SOCIAL LANGUAGE AND SELF-HELP

- Uses basic gestures (eg, holds arms out to be picked up, waves “bye-bye”)
- Looks for dropped objects
- Picks up food with fingers and eats it
- Turns when name called

□ VERBAL LANGUAGE

- Says “Dada” or “Mama” nonspecifically

□ GROSS MOTOR

- Sits well without support
- Pulls to stand
- Transitions between sitting and lying
- Balances on hands and knees
- Crawls

□ FINE MOTOR

- Picks up small object with 3 fingers and thumb
- Releases objects intentionally
- Bangs objects together

The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the Bright Futures Tool and Resource Kit, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.
Well Child | 9 Month Visit

PHYSICAL EXAMINATION


- Head: Normocephalic and atraumatic. No positional skull deformities.


- Ears, nose, and throat: Tympanic membranes with visible light reflex bilaterally. No oral lesions.

- Neck: Supple, with full range of motion without adenopathy.


- Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing.

- Abdomen: Soft, with no palpable masses.

- Genitourinary:
  - Normal female external genitalia.
  - Normal male external genitalia, with testes palpable in scrotum bilaterally.


- Skin: Warm and well perfused. No lesions, birthmarks, or bruising.

Other comments:

ASSESSMENT

- Well child
- Normal interval growth (See growth chart.)
- Age-appropriate development
ANTICIPATORY GUIDANCE

☐ Discuss and/or handout given

☐ SOCIAL DETERMINANTS OF HEALTH
   □ Intimate partner violence
   □ Family relationships and support

☐ DISCIPLINE
   □ Parent expectation of infant’s behavior
   □ NUTRITION AND FEEDING
      □ Self-feeding
      □ Mealtime routines
      □ Transition to solid foods
      □ Cup drinking
      □ Plans for weaning

☐ INFANT BEHAVIOR AND DEVELOPMENT
   □ Changing sleep patterns
   □ Developmental mobility and cognitive development
   □ Interactive learning and communication
   □ Media

☐ SAFETY
   □ Car safety seats
   □ Heatstroke prevention
   □ Firearm safety
   □ Safe home environment: burns, poisoning, drowning, and falls

PLAN

Immunizations: ☐ Vaccine Administration Record reviewed Administered today: ___________________________ ☐ Up-to-date for age

Universal Screening:

☐ Developmental screening: Screening tool used: ___________________________ Result: ☐ Passed in all areas ☐ Failed in following areas:

☐ Oral health risk assessment Fluoride varnish applied: ☐ Yes ☐ No: ___________________________

Selective Screening (based on risk assessment) (See Previsit Questionnaire):

☐ BP ☐ Hearing ☐ Lead ☐ Oral fluoride supplementation ☐ Vision

Comments/results:

Follow-up:

☐ Routine follow-up at 12 months ☐ Next visit: _______ ☐ Referral to: ___________________________

PRINT NAME. SIGNATURE

Provider 1

Provider 2

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
HOW YOUR FAMILY IS DOING

- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- Take time for yourself and with your partner.

YOUR CHANGING AND DEVELOPING BABY

- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure.
- Be realistic about her abilities at this age.
- Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm.
- Support your baby’s learning by giving her baby balls, toys that roll, blocks, and containers to play with.
- Help your baby when she needs it.
- Talk, sing, and read daily.
- Don’t allow your baby to watch TV or use computers, tablets, or smartphones.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

FEEDING YOUR BABY

- Be patient with your baby as he learns to eat without help.
- Know that messy eating is normal.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking.
- Vary the thickness and lumpiness of your baby’s food.
- Don’t give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating.
- Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it.
- Help your baby learn to use a cup.
- Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning.
- Continue to offer breast milk or iron-fortified formula until 1 year of age. Don’t switch to cow’s milk until then.

DISCIPLINE

- Tell your baby in a nice way what to do (“Time to eat”), rather than what not to do.
- Be consistent.
- Use distraction at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy.
- Do things the way you want your baby to do them—you are your baby’s role model.
- Use “No!” only when your baby is going to get hurt or hurt others.

9 MONTH VISIT—PARENT

SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Have your baby’s car safety seat rear facing until she reaches the highest weight or height allowed by the car safety seat’s manufacturer. In most cases, this will be well past the second birthday.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby’s safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby alone in the car. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Place gates at the top and bottom of stairs.
- Don’t leave heavy or hot things on tablecloths that your baby could pull over.
- Put barriers around space heaters and keep electrical cords out of your baby’s reach.
- Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm’s reach at all times.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby’s sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call if you are worried your baby has swallowed something harmful.
- Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Keep your baby in a high chair or playpen when in the kitchen.

WHAT TO EXPECT AT YOUR CHILD’S 12 MONTH VISIT

We will talk about

- Caring for your child, your family, and yourself
- Creating daily routines
- Feeding your child
- Caring for your child’s teeth
- Keeping your child safe at home, outside, and in the car

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
For more information, go to https://brightfutures.aap.org.