

## 9 Month Health Maintenance Form

Patient Name \_\_\_\_\_

Who accompanied child today?  
(name and relationship to child) \_\_\_\_\_

Who does child live with? \_\_\_\_\_

Any Chronic health problems? \_\_\_\_\_

Concerns about the above health problems? \_\_\_\_\_

New or recent health concerns? \_\_\_\_\_

**Feedings:**

Have any table foods been started? \_\_\_\_\_

Type of feedings? (circle one) Breast or Bottle

**If Formula feeding:**

Brand of Formula used? \_\_\_\_\_

Approximate ounces per day? \_\_\_\_\_

Any overall concerns regarding feedings? \_\_\_\_\_

Any concerns with stooling or urination? \_\_\_\_\_

**Sleep pattern:**

Average number hours of sleep in 24 hours? \_\_\_\_\_

Frequency of nighttime awakenings? \_\_\_\_\_

Number of naps? \_\_\_\_\_

***Turn Over Please***

***If you do not understand any of these questions, please ask your nurse.***

Length of naps?

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Where does your child sleep?

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Are there any smokers in the household?

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**Medications:**

Please list current medications:

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Any allergies to medicine?

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**Does your baby:**

Sit up well?

Yes No

Stand while holding on?

Yes No

Pull self up to stand?

Yes No

Crawl or creep on hands?

Yes No

Partially finger-feed him/herself

Yes No

Transfer an object from hand to hand?

Yes No

How many children's board books do you have at home?

1. 0
2. 1-3
3. More than 3

In a week, how many times do you read or look at books with your child?

1. 0
2. 1-3
3. 3-5
4. Almost every day

*If you do not understand any of these questions, please ask your nurse.*



# CSBS DP Infant-Toddler Checklist

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date filled out: \_\_\_\_\_

Was birth premature? \_\_\_\_\_ If yes, how many weeks premature? \_\_\_\_\_

Filled out by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Instructions for caregivers:** This Checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This Checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to use all the behaviors listed.**

### Emotion and Eye Gaze

- 1. Do you know when your child is happy and when your child is upset?  Not Yet  Sometimes  Often
- 2. When your child plays with toys, does he/she look at you to see if you are watching?  Not Yet  Sometimes  Often
- 3. Does your child smile or laugh while looking at you?  Not Yet  Sometimes  Often
- 4. When you look at and point to a toy across the room, does your child look at it?  Not Yet  Sometimes  Often

### Communication

- 5. Does your child let you know that he/she needs help or wants an object out of reach?  Not Yet  Sometimes  Often
- 6. When you are not paying attention to your child, does he/she try to get your attention?  Not Yet  Sometimes  Often
- 7. Does your child do things just to get you to laugh?  Not Yet  Sometimes  Often
- 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them?  Not Yet  Sometimes  Often

### Gestures

- 9. Does your child pick up objects and give them to you?  Not Yet  Sometimes  Often
- 10. Does your child show objects to you without giving you the object?  Not Yet  Sometimes  Often
- 11. Does your child wave to greet people?  Not Yet  Sometimes  Often
- 12. Does your child point to objects?  Not Yet  Sometimes  Often
- 13. Does your child nod his/her head to indicate yes?  Not Yet  Sometimes  Often

### Sounds

- 14. Does your child use sounds or words to get attention or help?  Not Yet  Sometimes  Often
- 15. Does your child string sounds together, such as *uh oh, mama, gaga, bye bye, bada*?  Not Yet  Sometimes  Often
- 16. About how many of the following consonant sounds does your child use:  
*ma, na, ba, da, ga, wa, la, ya, sa, sha*?  None  1-2  3-4  5-8  over 8

### Words

- 17. About how many different words does your child use meaningfully that you recognize (such as *baba* for bottle; *gaggie* for doggie)?  None  1-3  4-10  11-30  over 30
- 18. Does your child put two words together (for example, *more cookie, bye bye Daddy*)?  Not Yet  Sometimes  Often

### Understanding

- 19. When you call your child's name, does he/she respond by looking or turning toward you?  Not Yet  Sometimes  Often
- 20. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy," "where's Daddy," "give me the ball," or "come here," without showing or pointing, your child will respond appropriately.  None  1-3  4-10  11-30  over 30

### Object Use

- 21. Does your child show interest in playing with a variety of objects?  Not Yet  Sometimes  Often
- 22. About how many of the following objects does your child use appropriately: cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone?  None  1-2  3-4  5-8  over 8
- 23. About how many blocks (or rings) does your child stack? **Stacks**  None  2 blocks  3-4 blocks  5 or more
- 24. Does your child pretend to play with toys (for example, feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle)?  Not Yet  Sometimes  Often

Do you have any concerns about your child's development?  yes  no If yes, please describe on back.