

6 MONTH WCC

Pt Name : _____ **DOB:** _____ **DOS:** _____

WT: _____ kg HT: _____ cm FOC: _____
 T: _____ °F P: _____ RR: _____
 B/P: _____/_____ O₂: _____% Allergies: _____

Accompanied By : _____ Current Meds: _____

HISTORY OF PRESENT ILLNESS:

Diet: _____ Elimination: _____

Sleep: _____ Vision: _____

Hearing: Does baby turn eyes/head to sound of voice when baby can't see parent? **Y N**
 Does baby smile or stop crying when someone baby knows speaks? **Y N**

Concerns: _____

REVIEW OF SYSTEMS: Circled = negative, except as noted below

Cons Eyes ENMT CV Resp Gastro G/U Skel
 Integumentary Neuro Psych Endo Hema/Lymp Allergy/Imm

PAST MED, FAMILY & SOCIAL HX:

Immunizations: UTD: **Y N**

Major Illnesses: _____

Hospitalizations: _____

Surgeries: _____

Family HX: CA, HTN, Asthma, Allergies, DM, CV any, CV < 55, Sz

Social HX: Total in Household: _____

Lives with: Mother Father Siblings: _____ Aunt Uncle
 Grandmother Grandfather Cousins

Water: City Well Bottled Pets: Dog/Cat Reptiles Bird

Smokers: **Y N** Poultry Farm

Developmental Milestones

Parent Report	Pass	Fail	PS: Personal/Social GM: Gross Motor Lang: Language FM: Fine Motor	% Passing
			PS: Feeds self	75
			PS: Works for toys	100
			FM: Reaches for object	100
			Lang: Turns to rattling sound	100
			Lang: Turns to voice	75
			Lang: Imitate speech sounds	75
			Lang: Single syllables	50
			GM: Rolls over	100
			GM: Bears weight on legs	100
			GM: Sits alone	50
			GM: No head lag when pulled to sitting	75-90

