## 9 month check

Baby's Name	
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(please circle all that apply)

My baby:

breast feeds takes a bottle takes baby foods eats table foods

My baby can:

sit up well "army crawl" crawl on all 4's

My baby:

looks for things out of view transfers things from hand to hand

My baby:

babbles says "mama or dada" waves points at things finger feeds

My baby sleeps in:

crib our bed other

My child has seen the following specialists since our last visit:

My baby gets:

vitamin D supplements multivitamin fluoride

We are childproofing:

yes no

My baby rides in:

carrier carseat convertible carseat - backwards or forwards?

I have reviewed the Vaccination Information Sheet and would like the following:

Hepatitis B

The insurance I have is through:

work the state health care exchange

Did your baby have any problems with the last vaccines?

no yes not vaccinating

Are there any recent or upcoming changes for the family (moves, births, etc.)?

Yes no

Do you have any questions or concerns? (if yes, please list)