UW Medicine
PRIMARY CARE

Six-Month-Old Well Child Visit

Baby's Name_____ Baby's Age_____ Date_____

Person completing the form_____ Relationship to the patient_____

Has your child had any illnesses, hospitalizations, or surgeries since last visit here? (YES) (NO)

Nutrition:	**Yes**	**No**
Is your baby feeding well?	( )	( )
Is your baby breastfed?	( )	( )
• If yes, how often? _____		
Is your baby formula fed? If yes:	( )	( )
• What formula? _____		
• How many ounces per feeding? _____		
• How often? _____		
Are you giving your baby vitamins?	( )	( )
Have you introduced baby food?	( )	( )

Family and Social History:	**Yes**	**No**
Are there any major illnesses in the family that we are not already aware of?	( )	( )
Are there any major stressors in the family (illness, moves, death, separation)?	( )	( )

Preventative Health/Risk Factors:	**Yes**	**No**
Does your child sleep on his/her back?	( )	( )
Does your child sleep in his/her own bassinet or crib?	( )	( )
How many hours of TV or video is your child exposed to per day? _____		
Does your child always ride in a car seat, in the back seat, facing backwards?	( )	( )
Do you, anyone in your home, or anyone who cares for your child smoke?	( )	( )
Do you feel your home is childproofed?	( )	( )
Do you have the poison control phone number? (800-222-1222)	( )	( )

Behavioral/Mental Health:	**Yes**	**No**
Does your child have a regular sleep routine?	( )	( )
Do you have any concerns about how your child is learning, developing and behaving?	( )	( )
Are you interested in enrolling your child in daycare?	( )	( )
• If yes, do you need assistance to find a suitable program?	( )	( )

Developmental Surveillance:

Physical Development:	**Yes**	**No**
Sits briefly leaning forward?	( )	( )
Rolls over?	( )	( )

Cognitive Development:	**Yes**	**No**
Likes to look around?	( )	( )
Puts things in mouth?	( )	( )

Social/Emotional Development:	Yes	No
Likes to play with you?	( )	( )

Communicative Development:	Yes	No
Babbles?	( )	( )
Beginning to recognize own name?	( )	( )
Tries to “talk” to you?	( )	( )