



Patient Name _____ DOB _____

Risk Assessment 9 Months

9 Months Development

Do you brush you child's teeth twice daily	Yes	No	Comment
Sits well	Yes	No	Comment
Pulls to stand	Yes	No	Comment
Crawls	Yes	No	Comment
Is afraid of new people	Yes	No	Comment
Looks for something that has been dropped	Yes	No	Comment
Goes to you to play and be comforted	Yes	No	Comment
Points things out	Yes	No	Comment
Plays peek-a-boo	Yes	No	Comment
Looks at books	Yes	No	Comment
Concerns about how child sees	No	Yes	Concerns
Concerns about how child hears	No	Yes	Concerns
Any concerns for crossing, drifting or lazy eyes	No	Yes	Comment

Hip dyplasia risk:

Was baby breech in the last month of pregnancy?	No	Yes	Unknown	Comment
Was your child a multiple (twin, triplet, etc?)	No	Yes	Unknown	Comment
Is there a family history of hip dysplasia?	No	Yes	Unknown	Comment
Does your child have any neurological abnormalities (cerebral palsy, down syndrome, etc?)	No	Yes	Unknown	Comment

Lead risk:

Have any members of the family or your Child's playmates had high blood lead level	No	Yes	Unknown	Comment
Does child live/visit house built before 1978 that is currently being renovated	No	Yes	Unknown	Comment
Does child live/visit a house/apartment building built before 1950	No	Yes	Unknown	Comment

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Anticipatory Guidance:

Has a regular bedtime routine	Yes	No	Comment
Let your child fall asleep on his/her own	Yes	No	Comment
Baby tries to do things like you	Yes	No	Comment
Baby can find toy after he/she watches you hide it	Yes	No	Comment
Plays actively for an hour or more per day	Yes	No	Comment
Give your baby foods with different textures (pureed, blended, mashed)	Yes	No	Comment
Car seat rear facing	Yes	No	Comment
Keep household cleaners, chemicals and medications locked up	Yes	No	Comment
Does anyone smoke around child	No	Yes	Comment
Does your child sleep with a bottle	No	Yes	Comment
Continually breastfeeds through the night	No	Yes	Comment