



**Pediatric & Adolescent
Medicine**

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**PEDIATRIC HEALTH
ASSESSMENT
8 to 14 MONTHS**

Today's Date: _____

Patient Name: _____ DOB: _____ Age _____

Accompanied by: _____ Relationship: _____

Allergies: _____

Present concerns/complaints: _____

DAILY LIVING: (Filled out by parent or guardian)

Breast Nursing every _____ hours, for _____ minutes or ounces if pumping _____

Formula Name: _____ ounces per bottle _____ No. bottles/day _____

Baby food (check off) Cereal _____ Fruit _____ Vegetables _____ Meat _____

Juices/water (ounces per day) _____ Whole Milk (ounces per day) _____

Table foods..... _____ No _____ Yes

Vitamins/Fluoride..... _____ No _____ Yes

Any sibling rivalry or jealousy?..... _____ No _____ Yes

Any stressful situations in the household?..... _____ No _____ Yes

Any household member being treated for tuberculosis?..... _____ No _____ Yes

Anyone smoking in the household/care givers?..... _____ No _____ Yes

Anyone at home on steroid medicine or has cancer?..... _____ No _____ Yes

Home built before 1956, have peeling paint or plaster?..... _____ No _____ Yes

Is car seat used at all times?..... _____ No _____ Yes Front Facing / Rear Facing

Home have smoke alarms?..... _____ No _____ Yes

Describe bowel habits (dirty diapers/day): _____

Describe personality: _____

Describe sleep position (side/back): _____

Describe work/day care situation: _____

Who lives in the home? _____

DEVELOPMENT: (Filled out by parent or guardian)

Any concerns about hearing or vision?..... _____ No _____ Yes

Has stranger anxiety?..... _____ No _____ Yes

Holds his/her own bottle?..... _____ No _____ Yes

Picks up small objects?..... _____ No _____ Yes

Plays peekaboo, pat-a-cake, or waves bye-bye?..... _____ No _____ Yes

Pulls to stand and walks alone?..... _____ No _____ Yes

Responds to "no-no"?..... _____ No _____ Yes

Says "mama" or "dada" and other words?..... _____ No _____ Yes

Sits alone?..... _____ No _____ Yes

Transfers objects from hand to hand?..... _____ No _____ Yes

Doctor/Nurse Signature: _____