



## Joint Follow-up: 6 months

Boy  Girl  Date of the visit: \_\_\_\_\_ Age: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

### Parental Concerns

\_\_\_\_\_  
\_\_\_\_\_

### Life Context

- Type of day-care? : \_\_\_\_\_  Social support network? : \_\_\_\_\_
- Change in the family? : \_\_\_\_\_  Difficulties in feeding the family? : \_\_\_\_\_
- Maternal depression: "During the past few months, did you feel:  
Sad, depressed, desperate?  Without interest or pleasure?  If yes: Would you like help?"  \_\_\_\_\_

### Health Monitoring

- Persistent strabismus? \_\_\_\_\_  Maternal contraception? : \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

### Current Lifestyle Habits

#### Nutrition

- Breast-feeding exclusively?** **Nbr of times/day:** \_\_\_\_\_
- Vitamin D:** 800 IU/day if breastfed or 400 IU/day if bottled-fed
- Infant formula with iron (24-32 oz. or 720-960 ml/day)**  
Quantity: \_\_\_\_\_ Type: \_\_\_\_\_
- Water offered during meals in open cup: \_\_\_\_\_
- Avoid juice:** \_\_\_\_\_
- Other supplements/natural products? \_\_\_\_\_
- Vegetarianism? \_\_\_\_\_

#### Guidance

- Traditional food guide/lead-free ammunition**
- Introduction to solid foods: *begin with foods rich in iron (iron-enriched baby cereals, meats and substitutes)*
- Do not delay introduction of allergenic foods: peanuts and eggs starting at 6 months for all
- Textures: begin with mashed, minced and grated foods before 9 months
- Stimulate exploration with fingers
- No honey before 1 year old*
- Respect signs of hunger and satiety of the child**

**Sleep (sleeps all night long)?:** \_\_\_\_\_ **Is exposed to screens?** Yes  No  **Physical activities on the ground? :** \_\_\_\_\_

### Development Surveillance (age corrected if premature)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Shows fear of strangers               | <input type="checkbox"/> Remains seated with legs spread (unstable)   | <input type="checkbox"/> Turns toward voices, when name is called (hearing) |
| <input type="checkbox"/> Notices trajectory of falling objects | <input type="checkbox"/> Crawls backwards                             | <input type="radio"/> <i>Babbles, first syllables (NA, TA)</i>              |
|  | <input type="checkbox"/> Grasps objects voluntarily                   |   |
|  | <input type="checkbox"/> Transfers objects from one hand to the other |   |
- \_\_\_\_\_  
\_\_\_\_\_

# Joint Follow-up: 6 months (suite)

## Physical Examination (age corrected on growth charts if premature)

Weight: \_\_\_\_\_ Perc: \_\_\_\_\_ Height: \_\_\_\_\_ Perc: \_\_\_\_\_ CP: \_\_\_\_\_ Perc: \_\_\_\_\_ W/H: \_\_\_\_\_

General appearance: \_\_\_\_\_

- Fontanelles, sutures
- Head shape
- Red reflex*
- Corneal reflex*
- Eye pursuit*
- Modified cover test*
- ENT \_\_\_\_\_
- Eardrums:* \_\_\_\_\_
- Dentition?** \_\_\_\_\_
- Neck (torticollis?) \_\_\_\_\_

- Heart
- Lungs
- Abdomen
- Hips: symmetrical abduction
- Limbs
- External genital organs: \_\_\_\_\_
- Testes palpable? ( $\sigma$ )
- Anus
- Teguments: \_\_\_\_\_
- Suspicious lesions?: \_\_\_\_\_

### DORSAL POSITION

- Grasps objects within reach

### VENTRAL POSITION

- Pivots when lying on abdomen

### PULL-TO-SIT

- Head and back straight

### SEATED POSITION

- Unstable

## Observations

\_\_\_\_\_  
\_\_\_\_\_

## Promotion of Healthy Lifestyles and Preventive Advices

- Encourage continued breast-feeding**
- Avoid screens (TV, tablet, cell phone)**
- Ventral position 30 min/day while awake**
- Good sleep hygiene: 12-15 h/24 h**
- Nocturnal awakenings and separation anxiety**
- Stimulation in day-care if underprivileged environment**
- Introduction to reading (language stimulation)
- Stimulation of development (see guide)
- No bottle in bed**
- Brushing when first tooth appears, with rice grain of fluoride toothpaste twice a day**
- Safety (*falls, burns, bath, electrical outlets, choking, sun protection and seasonal protection*)
- Anti-poison Centre 1-800-463-5060**

## Impressions and Conducts

### Impressions

- Physical health: \_\_\_\_\_
- Growth: \_\_\_\_\_
- Development: \_\_\_\_\_
- Other impression(s): \_\_\_\_\_

### Conducts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General conduct

#### Immunization :

- Refused  Postponed
- Conjugated pneumococcus vaccine*
  - Flu vaccine*
  - DTaP-Polio-Hib (only child at risk) (\*)**
  - 3<sup>rd</sup> hepatitis B vaccine (baby and mother who is chronic carrier) (\*)**
  - FSC, ferritin if premature or birth weight < 2500 g (\*)*
  - Tools or resources for parents: \_\_\_\_\_

Signature : \_\_\_\_\_ Next appointment: \_\_\_\_\_

(\*) If the child is at risk, see guide.

Recommendations: **bold = A**, *italic = B*, regular = C or I, underlined = MSSSQ good clinical prevention practices.

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