



Joint Follow-up: 9 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?: _____
- Other _____

Health Monitoring

Maternal contraception?: _____

Current Lifestyle Habits

Nutrition

- Breast-feeding: nbr of times/day:** _____
- Vitamin D: 800 IU/day if breastfed or 400 IU/day if bottled-fed**
- Other supplements/natural products? _____
- Infant formula with iron (24-32 oz. or 720-960 ml/day)**
Quantity: _____ Type: _____
- 3.25% milk? _____ Quantity? _____
- Water offered during meals in open cup: _____
- Avoid juice:** _____
- Vegetarianism? _____

- Solid foods: Cereals with iron:** _____
Vegetables: _____ Fruits: _____
Meats and substitutes, including whole eggs, beans, tofu, nut butter
and **fish rich in omega-3** _____
Yogurt, cheese _____

Guidance

- Traditional food guide/lead-free ammunition**
- Progression with textures (finely chopped foods)
- Table food at 1 year, small tender pieces with fingers
- 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)

- Cries when parents are out of sight
- Holds out arms to be picked up
- Touches parent's face
- Stable seated position
- Turns from abdomen to back and back to abdomen
- Able to stand with support
- Grasps with entire hand
- Claps hands
- Looks for hidden toys
- Turns when name is called
- Babbles (NAANAA, TAATAA)**

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? _____

- Heart
- Lungs
- Abdomen
- Limbs
- Hips: symmetrical abduction
- External genital organs: _____
Testes palpable? (♂)
- Anus
- Teguments: _____
- Suspicious lesions?: _____

TONUS

- Stable seated position (protection)
- Able to stand with support

REFLEXES

- Symmetric parachute reflex

Observations

Promotion of Healthy Lifestyles and Preventive Advices

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> <u>Encourage continued breast-feeding</u> <input type="checkbox"/> <u>Avoid screens (TV, tablet, cell phone)</u> <input type="checkbox"/> <u>Ventral position 30 min/day while awake</u> <input type="checkbox"/> <u>Good sleep hygiene: 12-15 h/24 h</u> <input type="checkbox"/> <u>Tooth brushing with rice grain of fluoride toothpaste</u> | <ul style="list-style-type: none"> <input type="checkbox"/> <u>No bottle in bed</u> <input type="checkbox"/> Safety (<i>stairs, burns, bath, electrical outlets, sun protection and seasonal protection, mattress on bed with lowered sides, choking, poisoning</i>) <input type="checkbox"/> Nocturnal awakenings and separation anxiety | <ul style="list-style-type: none"> <input type="checkbox"/> <u>Stimulation in day-care if underprivileged environment</u> <input type="checkbox"/> Avoid poor seated or lying positions <input type="checkbox"/> Introduction to reading <input type="checkbox"/> Stimulation of development (see guide) <input type="checkbox"/> <u>Discuss next vaccination</u> |
|--|--|--|

Impressions and Conducts

Impressions

- Physical health:

- Growth:

- Development:

- Other impression(s):

Conducts

General conduct

- Results of HBsAg and anti-HBs dosage (baby of mother who is chronic carrier) (*)
- FSC, ferritin (*)
- 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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