

6 month check

Baby's Name _____

(please circle all that apply)

My baby eats / drinks:

breast milk formula solids (cereal and such) cup

My baby:

stands in my lap sits with a little help sits alone

My baby:

grabs things and puts them in mouth makes "raspberry" sounds

My child has seen the following specialists since our last visit: _____

My baby:

is with a parent full-time has a sitter/ nanny/ daycare

My baby rides in a:

carrier carseat convertible carseat - backwards or forwards

We have started childproofing:

yes not yet

Did your baby have any problems with the last vaccines?

no yes

I have reviewed the Vaccination Information Sheet and would like the following:

Pentacel (DTaP, Polio, HIB combo)

Prevnar (meningitis/pneumonia)

Rotateq (rotavirus - Severe diarrheal illness-this vaccine is oral, not a shot)

The insurance I have is through:

work the state health care exchange

Are there any recent or upcoming changes for the family (moves, births etc.)?

yes no

What county do you live in?

Salt Lake Davis other _____

Do you have any concerns? (if yes, please list)