New Jersey Department of Health
CHILD HEALTH CONFERENCE – HEALTH ASSESSMENT
INFANCY: 6 Months

DATE: ______________________

Child's Name	Date of Birth
Allergies	Birth Weight

Illnesses/Injuries/Problems/Concerns	Current Medications

RN:

SUBJECTIVE

Y N
☐ ☐ My baby eats some solid foods
☐ ☐ My baby says things like "da da" or "ba ba"
☐ ☐ My baby sits with help/support
☐ ☐ I am concerned that I have frequent times of sadness
☐ ☐ My baby can pick up objects
☐ ☐ My baby seems happy
☐ ☐ My baby recognizes me

Diet: ______________________________

☐ Vitamin Supplements
☐ WIC Referral
☐ Newborn Hearing Screening Results
☐ Review Immunization Record
☐ Lead Risk Assessment (verbal)

Elimination: ______________________
Sleep: ______________________
Other: ______________________

HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (CHECK ALL COMPLETED)

☐ Family Planning	☐ Safety (general)
☐ Infant Temperament	☐ Development Benchmarks
☐ Crib Safety	☐ Shaken Baby Syndrome
☐ No Bottle in Bed	☐ Feeding
☐ Fever Protocols	☐ Teething
☐ Bedtime Ritual	☐ Language Stimulation
☐ Stranger Anxiety	☐ Appropriate Care Seat
☐ Child Care Issues	☐ Passive Smoke
☐ Oral Health Care	☐ Lead Poison Prevention

OBJECTIVE: SCREENING

WEIGHT KG/LB PERCENTILE:	HEIGHT CM/IN PERCENTILE:	HEAD CIR. PERCENTILE:

	N	A	
Hearing	☐	☐	______
Vision	☐	☐	______
Development	☐	☐	______
Behavior	☐	☐	______
Social/Emotional	☐	☐	______
Gross Motor	☐	☐	______
Fine Motor	☐	☐	______

APN/PA/MD/DO:

SUBJECTIVE

☐ Review of Family History
____
____
____
____

☐ Review of Systems
____
____
____
____
____

OBJECTIVE: PHYSICAL

	N	A		N	A
General Appearance	☐	☐	Lungs	☐	☐
Skin	☐	☐	Chest	☐	☐
Head/Fontanels	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Dental Structure/Tongue	☐	☐	Neurological	☐	☐
Mental Health	☐	☐			

ASSESSMENT (Problem List)
____
____

PLAN
____
____
____

REFERRALS
____
____

APN/PA/MD/DO SIGNATURE:

RN ASSESSMENT:	RN PLAN:	REFERRALS:
RN SIGNATURE:		

NEXT VISIT: 9 MONTHS OF AGE

IMMUNIZATIONS: ☐ Given ☐ Up to date

ADDITIONAL NOTES