

If no label:  
 Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Date of Encounter \_\_\_\_\_

# C&TC/Well-Child Exam

## 9 Month Visit

= C&TC  
**Mandatory Components**

**This is a C&TC:**  
 Yes  No

Ht. \_\_\_\_\_ Primary MD \_\_\_\_\_  
 Wt. \_\_\_\_\_ Allergies \_\_\_\_\_

Head Circumference \_\_\_\_\_ Medications \_\_\_\_\_  
 Temperature \_\_\_\_\_  
 Recent injury/illness/surgery/hospitalization \_\_\_\_\_

Staff Signature \_\_\_\_\_

Nurse

### Health History

Parent concerns:

### Family Social History/Medical History:

#### Caregivers:

Who brought baby in? \_\_\_\_\_  
 Who lives with baby? \_\_\_\_\_

Caregiver working/in school? Yes  No   
 Who cares for baby during work/school day?  
 Parent/Relative  Day Care   
 Stresses for caregivers \_\_\_\_\_

**Environment:** Check areas discussed  
 Housing  Drug use  Alcohol   
 Domestic Violence  Guns   
 Exposure to secondhand smoke  TB exposure   
**Lead risk**  Other risks \_\_\_\_\_  
 No environmental problems identified

**Nutrition:** Check those that apply  
 Breast  # feedings/day \_\_\_\_\_  
 Bottle/Formula  # feedings/amount \_\_\_\_\_  
 Juice  oz./day \_\_\_\_\_ Solids  Iron   
 Vitamins  Fluoride

**Sleep:** Arrangements/patterns \_\_\_\_\_

**Hygiene:** Bathing frequency \_\_\_\_\_

### Anticipatory Guidance

*Circle areas discussed*

**Nutrition:** Breast/formula for 1 year, begin weaning to cup; self-feeding with spoon/messy OK; discourage excess sweets.

**Safety:** Car seat; smoke detectors; window guards; poisonous plants; lock up cleaning products and medications; Ipecac/poison control number; never leave unattended; socket plugs; plastic bags, balloons, sharps, toys with small parts; no walkers; stairway gates; sun protection; hot water temp <125°; no smoking around baby; eliminate lead risks.

**Parenting:** Talk, sing, play with baby; teach "no" and use distraction; never punish, jerk or shake; stranger/separation anxiety common, discuss use of OTC meds; teething; thumbsucking normal; Day care concerns; infection risk reduction.

Pamphlet/Information Sheet Given   
 Requires additional Health Education  99401 - 15min  
 99402 - 30min

### Mental Health

No Concerns  Concerns  Explain: \_\_\_\_\_

### Development

Give developmental screening results or complete chart.

Screening Tool (name)	by Hx		observed
Works for toy out of reach			
Pulls to stand			
Sits w/o support, pulls to sit			
Stands holding on			
Starts to feed self			
Thumb-finger grasp			
Passes cube			
Feeds self			'Dada', 'Mama', nonspecific
Waves bye-bye			Imitates speech sounds

### Physical Exam

(✓) N=normal A=abnormal

	N	A
<b>General appearance</b>		
<b>Skin:</b> color • character • birthmarks		
<b>Nodes:</b> cervical • axillary • inguinal		
<b>Head:</b> shape • AF size • scalp • hair		
<b>Eyes:</b> tear ducts • red reflex • corneal light reflex • strabismus PERL • EOM • lids		
<b>Vision:</b> follows light, movement		
<b>Ears:</b> pinna • canals • TMs		
<b>Hearing:</b> localization of sound		
<b>Nose:</b> patency • nares		
<b>Mouth:</b> gums • mucosa • teeth • throat		
<b>Neck:</b> ROM • thyroid • position		
<b>Chest:</b> lungs • respiration rate • shape • symmetry		
<b>CV:</b> rate • rhythm • S 1 • S 2 • murmur • femoral pulses		
<b>Abd:</b> contour • liver • spleen • masses • bowel sounds • anus		
<b>GU:</b> ♀ labia • vaginal mucosa ♂ penis • testes • hydrocele • hernia		
<b>MS:</b> ROM • hips • spine		
<b>Neuro:</b> posture • DTRs • tone • clonus • Babinski		

Physical Exam  
 (Health History included)  
 Billing Codes: With Dx codes  
 99381-99385 V20-V20.2 and/or  
 99391-99395 OR V70.0 and/or  
 99431-99432 V70.3-V70.9  
 99201-99205  
 99211-99215

Physician

### Parent-Child Interaction

No concerns  Concerns  (Explain) \_\_\_\_\_

### Labs

**Hemoglobin**  
 (mandatory once between 9-15 mo.)

Other labs ordered: \_\_\_\_\_  
 Hgb: 85018

### Vision/Hearing

Yes No  
 Vision concerns?    
 Hearing concerns?

### Immunizations

Immunizations: Reviewed  On schedule

Deferred  - reason: \_\_\_\_\_

Parent refused

Previous reaction?  Yes  No

Given:  Hepatitis B  PCV  DTaP  IPV

Hib  Other \_\_\_\_\_

MNVFC: 90471 or 90472. List actual immunization given with an SL modifier and a \$01 charge.

### Assessment and Plan See dictation

- Child and Teen Checkup Completed, child well
- Other: \_\_\_\_\_
- Referral \_\_\_\_\_
- Encourage smoking cessation-parent
- IPECAC prescription  Poison Control number
- WIC enrolled, if eligible
- 12 month visit scheduled**

MD Signature \_\_\_\_\_

**C&TC Referral Codes  
 (Box 24H-CMS 1500):  
 Check One**

NU	No referral was made	
ST	Referral	
S2	Patient is currently under treatment	
AV	Patient refused referral	