Optimum Internal Medicine and Pediatrics

10044 Hwy 46, Bon Aqua, TN 37025 | (931) 996-4247

9 Month Visit

Parent and staff instructions - keep with the clinical sheet

Parents / guardians: Complete only the identification, allergies, medicines, and the upper-left Nutrition and Problems / Interval History sections. You may type in the available identification fields, then print. Leave measurements, risk-assessment results, screening scores, examinations, orders, vaccine entries, billing and signatures for staff. Bring **both pages** to the appointment. Do not send completed forms through the website.

Do not give medicine based on this form alone. Printed doses and vaccine sequence numbers on the clinical sheet are preserved workflow entries, not patient-specific orders.

Staff medication verification: Before any dose, verify current weight in kg, age, indication, allergies, product concentration, dose in mg **and** mL, interval, maximum daily dose and contraindications. Document clinician-approved instructions. Preserved numbers do not replace this check.

Age-specific clinical checks

Vitamin D: confirm total intake. Infants who are breastfed or partly breastfed, and formula-fed infants taking less than 32 oz/day, generally need 400 IU/day. Complementary foods begin around 6 months when ready, not before 4 months.

RSV: verify age, season, prior antibody and maternal vaccination **in this pregnancy**. Use current AAP 2026-27 criteria: nirsevimab or clesrovimab for eligible infants under 8 months; nirsevimab only for eligible high-risk children 8-19 months entering their second season.

Staff screening check: Use validated age-appropriate tools, not checkboxes alone: developmental screens at 9, 18 and 30 months; autism at 18 and 24 months; mental/emotional/behavioral screening per current AAP schedule.

Staff vaccine and billing check: Reconcile actual records, age, product, prior doses, minimum intervals and contraindications against current AAP guidance. Verify preserved protocol numbers, including combination-vaccine components. Billing presets are not orders: code actual services and payer rules; COVID-19 administration uses 90480, not 90460/90472. Do not automatically apply modifiers or unit counts.

Sources and version

Clinic revision based on AAP 2026 immunization guidance, current AAP preventive-care guidance and age-specific safety references. Original TNAAP 07/2025 attribution and intentional workflow marks are retained. This clinic revision does not imply TNAAP endorsement.

AAP preventive care | AAP 2026 immunizations | AAP current RSV guidance

Billing check: For non-COVID vaccines, 90460/90461 require qualifying physician/QHP counseling through age 18. Calculate units from vaccines and components actually given. Verify product codes, route, diagnosis, documentation and payer requirements with the billing team before use. For an eligible patient, COVID administration uses 90480 separately. Flu/COVID examples assume separate vaccines; verify coding for any combination product.

AAP COVID billing AAFP vaccine administration CMS COVID coding

Nine Month Visit

Date _____

Optimum Internal Medicine and Pediatrics
10044 Hwy 46 Bon Aqua TN 37025
Ph: (931)996-4247 Fax: 888-814-0893
Dr. Christopher S Burress

Tennessee Chapter
INCORPORATED IN TENNESSEE
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk: _____ / _____

Nutrition
☐ Breast _____ min. q. _____ hrs.
☐ Formula _____ oz. q. _____ hrs.
Brand _____
Water: ☐ city ☐ well ☐ spring ☐ bottled ☐ fluoridated
Baby food _____ servings per day
Table food ☐ Yes ☐ No
WIC ☐ Yes ☐ No

Interval History/New Problems
Change in family history? ☐ Yes ☐ No
Change in social history? ☐ Yes ☐ No
If Yes, what? _____
_____
Are there new problems or illnesses since the last visit? ☐ Yes ☐ No
If Yes, what? _____
_____

Speech/Hearing Risk Assessment
Responds to sounds ☐ Yes ☐ No
Imitates speech ☐ Yes ☐ No
Vision Risk Assessment
Notices small objects ☐ Yes ☐ No
Hepatitis B Risk Assessment
☐ Yes ☐ No
Dental Risk Assessment — +
Lead Risk Assessment — +
Developmental Surveillance
☐ Yes ☐ No Concerns? _____
Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____
Developmental Screening
☐ Normal ☐ Abnormal

Safety
☐ Car seat, facing backwards
☐ Smoke free environment
☐ Smoke detectors in home
☐ Hot water < 120 degrees
☐ Always supervise bath
☐ Fall prevention/gates
☐ Poison Control number
☐ Child proof home
☐ Safe sleep/sleep on back
☐ Sunburn prevention

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Fontanel	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Red reflex	☐ nl	☐ abnl
Alignment	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth	☐ nl	☐ abnl
Lungs	☐ nl	☐ abnl
Heart	☐ nl	☐ abnl
Abdomen	☐ nl	☐ abnl
Femoral Pulses	☐ nl	☐ abnl
Spine	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Hips	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl
Genitalia		
Female	☐ nl	☐ abnl
Male	☐ nl	☐ abnl
Testes	☐ nl	☐ abnl

EPSDT CPT/ICD 10 Coding:
99381-25 if New or 99391-25 if Est.
Z00.129 Normal or Z00.121 Abnormal
90460-59: flu 1 unit if given; Z23.
COVID: 90480 if given (separate code).
Other vaccine units: verify actual record.
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

(catch up vaccines as needed)
_____
_____

Health
☐ Continue formula or breast milk ☐ Introduce table, finger food
☐ Choking prevention
☐ Introduce cup, weaning
☐ Avoid honey
☐ Physical activity
☐ Teething/clean teeth
☐ No bottle in bed or bottle propping

Social/Behavioral
☐ Exploring, set consistent limits
☐ Sleep, bedtime routine
☐ Talk, read to baby
☐ Separation Anxiety
☐ Family support
☐ No TV/media
☐ Day care ☐ Yes ☐ No

Impression
☐ Well Baby
☐ Normal Growth
☐ Normal Development
☐ _____
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ Hep B, DTaP, Hib, PCV , IPV
☐ Influenza vaccine
☒ Counseling
☒ Ibuprofen ___ mg. q. 6-8 hours
☒ Acetaminophen _____ mg. q. 4-6 hrs.
☐ Vitamin D if indicated 400 IU/D
☐ Dental referral (if at risk)
☒ Fluoride Varnish
☐ Supplementation if deficient in fluoride
☐ Lead level if at risk
☒ Nine month Handout sheet
☒ RTC at 12 months
☐ If Low iron, consider supplementation
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

_____ M.D. / P.N.P. / DO / PA