Well Child Visit: 10-12 Months

Name: _____ **DOB:** _____ **Date:** _____

Current Medications	Drug / Food Allergies	Accompanied By

Age □ M □ F	Ht.	Wt.	HC	HR	Resp.	Temp.	Interpreter: Y / N

Past Medical History

Recent illness: □ Yes □ No _____

_____

Child has dental home (12 mos.): □ Yes □ No

Reaction to previous IMMS: □ Yes □ No_____

F/u previous concern: □ None _____

_____

Interval History

Sleep: □ NL_____
□ Back to sleep
□ Sleeps in own crib

Elimination: □ NL _____

Behavior: □ NL _____

Car seat rear-facing: □ Yes □ No ____

Nutrition

□ Breastfeeding □ Supplementing / both

□ Formula (type): _____

Frequency: _____

Fruits: □ Yes □ No __ Vegetables: □ Yes □ No

Meats: □ Yes □ No ___ Vitamins: □Yes □No

Concerns:

Social/ Family History

Lives at home with:_____

Parent / child interaction: □ Yes □ No _____

Tobacco smoke exposure: □ Yes □ No_____

Parents working outside home: □ Mother □ Father

Child care: □ Yes □ No Type: _____

Family / work balance: □ Yes □ No_____

WIC: □ Yes □ No _____

Growth-Development

Cognitive: □ NL _____
- Object permanence, looks at books, knows "Peek-a-boo"

Language: □ NL _____
- Says 2-3 words besides "mama/dada", recognizes name, imitates some words

Physical: □ NL _____
- Crawling, pulls to standing

Social: □ NL _____
- Apprehensive with strangers, seeks parent for play & comfort

Parental Concerns: _____

_____

_____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD)
□ **Head** (No deformities, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sounds, voice)
□ **Nose** (Mucosa NL, septum NL, patent)
□ **Mouth** (MMM, palate intact, lips NL, tongue NL, no oral lesions, teeth:___)
□ **Throat** (No erythema)
□ **Heart** (No murmurs, + femoral pulses)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender)
□ **Skin** (No rashes)
□ **Neuro** (Tone, symmetry, strength all NL)
□ **Extremities** (Full ROM, strength/tone NL, no hip dysplasia)
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions)
Female (Labia/clitoris NL, no discharge)

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development
□ IMMS UTD
□ IMMs due _____

Anticipatory Guidance

□ **Discipline** (Limit "no", use descriptors, domestic violence)
□ **Safety** (Back to sleep, car seats, avoid smoke exposure, crib safety, burns, baby-proof home, drowning, poisoning, baby gates)
□ **Nutrition** (Self-feeding, mealtime routines, table foods, use of cup)
□ **Oral Health** (Fluoride, wash gums with warm washcloth, teething)
□ **Development** (Sleep schedule, object permanence, separation anxiety, temperament, communication, read to baby, visual exploration)

Plan

□ Lead screening #1
□ Dental fluoride varnish every 3-6 mos. either primary care or dental office
□ Fluoride supplementation risk assessment
□ Iron Deficiency Anemia screening to be completed at (12 mos.)
□ TB testing based on risk factors (12 mos.)
□ Immunizations (See immunization record)
□ Education handout given

Next Appointment: _____ **Signature:** _____ **Date:** _____

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Notes:

Next Appointment: _____ **Signature:** _____ **Date:** _____