Well Child Visit: 15 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 _____

_____

Reaction to previous IMMS: □ Yes □ No____

F/u previous concern: □ None _____

_____

Interval History

Sleep: □ NL_____
□ Bedtime routine
□ Sleeps in own crib
Elimination: □ NL _____
Behavior: □ NL _____
Activity (playtime): □ NL _____

Nutrition

□ Milk: _____ # oz/day :_____

Fruits: □ Yes □ No __ Vegetables: □ Yes □ No__
Meats: □ Yes □ No ___ Vitamins: □Yes □ No__
Healthy snacks: □ Yes □ No Juice: □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 _____
- Follows simple commands; scribbles

Physical: □ NL _____
- Drinks from cup; walks well; puts block in a cup

Language: □ NL _____
- Brings objects over to show you; waves good-bye; understands "no"

Social: □ NL _____
- Imitates activities; listens to a story; may help in the house

Parental Concerns: _____

_____

_____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD)
□ **Head** (No deformities, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, cover test, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sounds, voice)
□ **Nose** (Mucosa NL, septum NL, patent)
□ **Mouth/Throat** (MMM, palate intact, lips NL, tongue NL, no oral lesions, no erythema)
□ **Teeth** (Gums NL, dentition NL, no staining, caries or white spots)
□ **Heart** (No murmurs, + femoral pulses)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender)
□ **Skin** (No rashes, no lesions)
□ **Neuro** (Tone, symmetry, strength, & gait 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, temper tantrums, praise positive behavior, domestic violence)
□ **Safety** (Back to sleep, car seats, avoid smoke exposure, crib safety, burns, baby-proof home, drowning, poisoning, baby gates, supervise)
□ **Nutrition** (Self-feeding, family meals, avoid struggle over foods, healthy snacks, limit juice, use of cup, clean gums/brush teeth)
□ **Development** (Sleep routine, stranger anxiety, temperament, communication, read/play with baby, exploration and physical activity)

Plan

□ Lead screening #1 (If not previously done)
□ Fluoride supplementation risk assessment
□ Iron Deficiency Anemia risk assessment
□ Education handout given
□ Immunizations (See immunization record)

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

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Notes:

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