

Well Child Care 18 months

Name :

DOB:

Date:

Do you have any concerns today ? No Yes _____

Nutrition/Review of systems	yes	no	Review of systems/symptoms	yes	no
Appetite good ?			Any Vision Problems?		
Eats carbs, vegetables ,fruits, meat, fish ,fast foods, candy? (circle)			Any hearing problems?		
Breast feeding ?			Any breathing problems ?		
Drinks Milk? _____ oz/day			Any heart problems ?		
Drinks soda ? _____ oz/day			Any skin problems?		
Drinks juice ? _____ oz/day			Any sleep concerns?		
Bowel movements normal ?			Any past bad reactions from immunizations ?		
Stool hard ? Cries with bowel movements ?			Any lead poisoning risks ?		
Urination normal?			Any TB Exposure?		
Immunizations up to date?					
Oral Health risk Assessment					
Mother or primary caregiver has a dentist ?			Mother / primary caregiver had active tooth decay in past 12 mo ?		
Frequent snacking ?			Bottle/ sippy cup use with fluids other than water ?		
Special health care needs?			Child has a dentist ?		
Medicaid eligible ?			Water supply <input type="checkbox"/> city <input type="checkbox"/> well <input type="checkbox"/> drink bottled water		
Has teeth brushed twice daily?			Any dental Concerns?		
Developmental Questions : Can your child					
Say at least 5-10 words ?			Pretend to talk ?		
Point to pictures that you name in a book?			Stack 3 objects or blocks?		
Feed self?			Use a cup without spilling?		
Walk across a large room without falling or wobbling from side to side?			Throw objects without falling?		
Safety/anticipatory guidance issues					
Using rear facing car seat?			Family violence & substance abuse? circle		
Fall, Fire and Burn precaution in place ?			Exposed to passive smoking?		
Medication , personal hygiene products, alcohol ,cleaning supplies ,trash containers out of reach?			Home swimming pool ?		
Family history					
High cholesterol ,Triglycerides			Obesity		
Diabetes			Early Heart disease ,Hypertension		

Anticipatory guidance: discussed and /or handout given

Family support : Family time, time for self & other children, reinforce limits, prepare for new siblings (if necessary) .**Development and behavior:** anticipate anxiety, praise for good behavior, consistent discipline, Daily play time. **Language promotion/Hearing:** read, talk and sing; use simple words .

Diet & Nutrition: food variety including carbs, protein, fat ,fibers Limit fast foods and eating out Limit milk intake to 16 oz/day or less for children 1-5 yrs. Limit juice and other sweetened drinks 4-6 oz/day wean from bottle and drink from non-covered cup (avoid sippy cups) .

Safety : Use rear facing car seat until age 2 and weight 35 lbs. Choking hazards: foods (hot dogs, hard candy, nuts, popcorn, chunks of meat, vegetables etc) and small objects (coins, balloons, button batteries, marbles, small toys or parts etc). Closely supervise, do not leave unattended

Toilet training & readiness: wait until child is ready . **Media time:** No TV under 2 yrs.

Immunization: Risks, benefits, side effects, alternative

refused, vaccine refusal form signed.

Signature of parent/guardian:

Provider Signature: