

12 to 18 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL

Periodic Interperiodic Parent/Caregiver Request

NAME (Last)	(First)	ID	DATE OF BIRTH
DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

INTERVAL HISTORY

PAST MEDICAL HISTORY WNL <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, DESCRIBE)
DEVELOPMENTAL HISTORY WNL <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, DESCRIBE)
BEHAVIORAL HEALTH STATUS WNL <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, DESCRIBE)

NUTRITIONAL ASSESSMENT

<input type="checkbox"/> BREAST	<input type="checkbox"/> WHOLE MILK:	<input type="checkbox"/> CUP	<input type="checkbox"/> BOTTLE:	<input type="checkbox"/> TABLE FOODS
WIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED	<input type="checkbox"/> VITAMINS	<input type="checkbox"/> IRON	<input type="checkbox"/> FLUORIDE	

PHYSICAL EXAM

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE
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Are the following normal?

	YES	NO	COMMENTS
Appearance			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat/Teeth/Gums			
Nodes			
Heart			
Lungs			
Abdomen			
Fem. Pulse			
Ext. Gen.			
Hip Abduc. Or Gait			
Extremities			
Spine			
Neuro			
Other			

LAB TESTS

<input type="checkbox"/> LEAD SCREEN (blood @ 12 & 24 mo, @ 36-72 mo. if not previously screened; verbal @ 6 mo-6 yrs)	<input type="checkbox"/> OTHER (specify, as indicated)
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SENSORY SCREEN

NORMAL VISION? (red reflex, follows, cover-uncover) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED	NORMAL HEARING? (by 12 mo. Responds to "no", follows simple commands, gives objects upon request, 1-3 words; by 18 mo. Reacts to music, points to named objects, 2-3 words other than mama-dada, points to one named body part) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED
DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (by 12 mo. Play pat-a-cake, neat pincer grasp, stands momentarily, walks holding on, points; by 18 mo. Uses spoon, kicks/throws ball, walks alone)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED

IMMUNIZATIONS

<input type="checkbox"/> CURRENT <input type="checkbox"/> DEFERRED <input type="checkbox"/> PROVIDED: LIST
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HEALTH EDUCATION, ANTICIPATORY GUIDANCE

<input type="checkbox"/> SAFETY <input type="checkbox"/> DISCIPLINE/LIMITS <input type="checkbox"/> TANTRUMS <input type="checkbox"/> EATING <input type="checkbox"/> SLEEPING <input type="checkbox"/> READ TO CHILD <input type="checkbox"/> ASPIRATION <input type="checkbox"/> NO BOTTLE <input type="checkbox"/> SNACKS <input type="checkbox"/> TOILET TRAINING <input type="checkbox"/> DENTAL HYGIENE <input type="checkbox"/> OTHER <input type="checkbox"/> SUN PROTECTION <input type="checkbox"/> SIBLING INTERACTION
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DIAGNOSIS:
PLAN:
SIGNATURE: