WELL CHILD ASSESSMENT 13 TO 15 MONTHS

AGE:	WEIGHT:	LENGTH:	HEAD CIRC:	
TEMP:	PULSE	RESP.	HGB/HCT:	MA Signature:

INTERVAL HISTORY

Diet:

Illness:

Problems:

Immunization Reaction:

Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

- ☐ Stands Alone
- ☐ Cup – Little Spillage
- ☐ Walks
- ☐ Stoops to Recover Toy
- ☐ Builds Two Cube Tower
- ☐ 3-Word Vocabulary
- ☐ Indicates Wants/ Pulls, Points

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental"			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: Table Food, Whole Milk/24hrs., Vitamins, Cup
Tobacco: Second-Hand Smoke
Safety: Child Proof Home, Matches, Stove, Bathtubs, Teach Hot & Cold, Drowning, Leaded Pottery, Folk Remedies
Parenting: Self-feeding, Simple Games, Temper Tantrums, Family Play, Delay Toilet Training, Shoes, Fever Control
Dental: Tooth Brushing/Avoid Sweets, Bottle Caries
☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PLAN

- ☐ Hepatitis #3
- ☐ DTaP #4
- ☐ Hib #4
- ☐ IPV #3
- ☐ MMR #1
- ☐ Varicella
- ☐ Prevnar Booster for Regular or Catch-Up series
- ☐ Prevnar Late Catch-Up #1

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: ____________________

Provider Signature