

PEDIATRIC VISIT 12 to 14 MONTHS

DATE OF SERVICE _____

NAME _____ M / F DATE OF BIRTH _____ AGE _____

WEIGHT _____ / _____ % HEIGHT _____ / _____ % HC _____ / _____ % TEMP _____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? Yes / No _____

Family health history updated? Yes / No _____

Reactions to immunizations? Yes / No _____

Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Sleep: _____ Child care: _____

Recent changes in family: *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other _____

Environment: Smokers in home? Yes / No

Violence Assessment:

History of injuries, accidents? Yes / No

Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT:

TB

LEAD

(Circle)

Pos/Neg

Pos/Neg

PHYSICAL EXAMINATION

Wnl Abn *(describe abnormalities)*

Appearance/Interaction

Growth

Skin

Head/Face

Eyes/Red reflex/Cover test

Ears

Nose

Mouth/Dental/Number of teeth

Neck/Nodes

Lungs

Heart/Pulses

Chest/Breasts

Abdomen

Genitals

Musculoskeletal

Neuro/Reflexes/Tone

Vision *(gross assessment)*

Hearing *(gross assessment)*

NUTRITIONAL ASSESSMENT:

Typical diet: *(specify foods):*

Education: Phase out bottle Table foods Vitamins

Decreased appetite Whole milk until age two

Keep offering new foods Nutritious snacks

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: PEDs Other: *(specify)* _____

Results: Wnl Areas of Concern: _____

Referred: Yes / No Where? _____

DEVELOPMENTAL SURVEILLANCE *(Observed or Reported)*

Social: Fear of strangers Separation anxiety

Fine Motor: Scribbles Pincer grasp Drinks from cup

Language: Dada or Mama (specific) 1 to 3 words

Indicates wants

Gross Motor: Stands alone "Cruises" Walks Stoops and recovers Plays ball with examiner

ANTICIPATORY GUIDANCE:

Social: Fear of strangers Separation anxiety

Parenting: Delay toilet training Negativism Autonomy
Discipline means to teach Avoid spanking/slapping

Play and communication: Varied activities
Singing, naming, reading

Health: Fever Fluoride if well water Brush teeth
Second hand smoke Use sunscreen

Injury prevention: Infant car seat Rear riding seat
Hot liquids Hot water temperature Water safety (tub, pool)
Choking/suffocation Poison control # Baby proof home
Firearms (owner risk/safe storage) Fall prevention (heights)
Don't leave unattended Smoke detector/escape plan

PLANS/ORDERS/REFERRALS

1. Immunizations ordered _____

2. Lead test/HCT required _____

3. PPD, if positive risk assessment _____

4. Has parent renewed MA for infant? _____

5. Next preventive appointment at 15 months

6. Referrals for identified problems: Yes / No *(specify)*

Signatures: _____