

PEDIATRIC VISIT 15 to 17 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: Only water in bedtime bottle Keep offering new foods
Strong dislike for certain foods Phase out bottle, pacifier

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: PEDs Other: *(specify)* _____
Results: Wnl Areas of Concern: _____
Referred: Yes / No Where? _____

DEVELOPMENTAL SURVEILLANCE: *(Observed or Reported)*

Social: Imitates affection Helps with simple tasks
Imitates housework
Fine Motor: Scribbles spontaneously Uses cup Feeds self
Tower of 2 cubes
Language: 3 words other than Dada/Mama Immature babbling
Points to 1-3 named body parts Understands simple commands
Gross Motor: Crawls up steps Stoops and recovers
Walks well Walks backward Removes garment

ANTICIPATORY GUIDANCE:

Social: Child is egocentric Loves attention
Seeks to control others
Parenting: Child may bite, hit Use time out
Temper tantrums: ignore, distract Avoid spanking/slapping
Discipline is teaching Dependence verses autonomy needs
Play and communication: Climbing, dancing, riding toys
Likes to push/pull, empty/fill, open/close Read stories
Enjoys household articles
Health: Regression during illness/stress Proper shoes
Teeth brushing Fluoride if well water
Second hand smoke Use sunscreen
Injury prevention: Infant car seat Rear riding seat
Baby proof home Hot liquids Hot water temperature
Water safety (tub/pool) Choking/suffocation Poison control #
Firearms (owner risk/safe storage) Fall prevention (heights)
Don't leave unattended Smoke detector/escape plan

PLANS/ORDERS/REFERRALS

1. Immunizations ordered _____
2. Review lead and HCT results _____
3. Refer for lead and HCT testing if not available _____
4. PPD, if positive risk assessment _____
5. Next preventive appointment at 18 months
6. Referrals for identified problems: Yes / No *(specify)* _____

Signatures: _____