



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

12 - 15 MONTHS

NURSING INTAKE

Height: _____ Weight: _____ H.C.: _____ Temp.: _____ Pulse: _____ Resp.: _____

Allergies: _____ Growth Charts Completed: []

Abuse: Witness or Victim: _____ Notes: _____

Alternate health care provider: _____ MA Signature _____

INTERVAL HISTORY

Diet: _____ Has WIC: Yes / No _____ Physical activity: _____

Accidents: _____ Breastfeed or Bottle _____ Stools: _____

Illnesses: _____ Meds./Vits.: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No _____

GROWTH-DEVELOPMENT:

- [] Walks alone well
- [] Takes lids off containers
- [] Holds cup to drink
- [] Dada, Mama specific
- [] 3 word vocabulary
- [] Feeds self
- [] Plays pat-a-cake
- [] Stoops and recovers
- [] Scribbles
- [] 2 block tower

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Teeth [] Grossly normal
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm
Head [] Symmetrical, A.F. open _____ cm	Lungs [] Breath sounds normal bilaterally
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver & spleen normal
[] Red reflexes present	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Appears to see [] No strabismus	[] Testes in scrotum
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances
[] Appears to hear	Hips [] Good abduction
Nose [] Passages patent	Femoral pulses [] Present and equal
Mouth & pharynx [] Normal color, no lesions	Extremities [] No deformities, full ROM
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions
	Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS:

- [] Vaccine reactions, risks and follow-up explained / VIS sheet given.
- [] MMR
- [] DTaP
- [] IPV
- [] Hib
- [] Hep B
- [] Fluoride varnish application
- [] Lead Blood Test (at 12 months)
- [] Varicella
- [] Prevnar
- [] HCT (between 9 to 12 months)
- [] PPD
- [] Refer to dentist at 1 year
- [] Hep A
- [] Influenza vaccine
- [] WIC Referral
- [] Immunization registry entry
- [] Rx for fluoride .25/.50 mg QD, refill till age 2

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Table food, milk, junk food, using cup/bottle, encourage solids, no bottles in bed.

Behavior: Feeding self, simple games Education on Fluoride varnish treatment and dental referral starting at one year

Injury & Violence prevention: No hard objects or food the size of baby's pinky, toddler car seat, emergency care plan, smoke detector, drug and toxic chemical storage, poison center phone no., childproofing: safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp., drowning, street safety, gun in home, home first aid kit, matches, cabinets and latches, lead poisoning prevention.

Guidance: Explain temper tantrum, family play, masturbation, not ready for toilet training, shoes, bottle, toothbrush, treatment of minor cuts & bruises, childcare plan, sun screen.

[] Refer to appropriate agency.

[] Return for Hep A#2 in 6 months.

Next appointment [] 3 months or _____ Signature _____ Date _____