

WELL CHILD 12 months				Name: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male			
Visit Date: ___/___/___				DOB: ___/___/___ Age: _____ months			
Language: <input type="checkbox"/> English Other: _____				<input type="checkbox"/> Interpreter used – Name: _____			
T: _____	P: _____	RR: _____	H.C. _____	Height: _____ in.	Weight: _____ lb.	<input type="checkbox"/> Growth charts completed	
Reason for visit: <input type="checkbox"/> well visit							
Allergies: _____				Signature/ Title: _____			

INTERVAL HISTORY: <input type="checkbox"/> Exposure to tobacco smoke		GROWTH and DEVELOPMENT	
Diet: <input type="checkbox"/> breast WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Walks with assist	<input type="checkbox"/> 3 - 6 words
Solid foods: _____		<input type="checkbox"/> Uses cup to drink	<input type="checkbox"/> Bangs blocks together
Appetite: _____ TB risk: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Feeds self	<input type="checkbox"/> Bedtime routine
Elimination: _____		EDUCATION / ANTICIPATORY GUIDANCE: <i>Check if discussed</i>	
Sleep: _____		Diet	<input type="checkbox"/> whole milk <input type="checkbox"/> table food
Illnesses: _____		Safety	<input type="checkbox"/> toddler car seat <input type="checkbox"/> household safety
Childcare: _____		<input type="checkbox"/> water safety	<input type="checkbox"/> childproofing <input type="checkbox"/> sun screen
PARENTAL CONCERNS		Guidance	<input type="checkbox"/> mobility <input type="checkbox"/> shoes <input type="checkbox"/> temper tantrums
_____		<input type="checkbox"/> not ready for toilet training	<input type="checkbox"/> dental care
_____		<input type="checkbox"/> family dynamics	<input type="checkbox"/> parental time out

PHYSICAL EXAMINATION – note required for all not WNL

General Appearance	<input type="checkbox"/> well nourished and developed <input type="checkbox"/> no abuse/neglect evident	Heart	<input type="checkbox"/> regular rhythm <input type="checkbox"/> no murmur
Head	<input type="checkbox"/> symmetrical <input type="checkbox"/> AF open _____ cm	Femoral pulses	<input type="checkbox"/> normal bilaterally
Eyes	<input type="checkbox"/> red reflex L R <input type="checkbox"/> no strabismus <input type="checkbox"/> vision grossly normal	Abdomen	<input type="checkbox"/> soft, no masses <input type="checkbox"/> liver & spleen normal
Ears	<input type="checkbox"/> canals clear <input type="checkbox"/> TMs normal <input type="checkbox"/> hearing grossly normal	Genitalia	<input type="checkbox"/> grossly normal
Nose/ mouth	<input type="checkbox"/> patent <input type="checkbox"/> MM pink, no lesions	<i>male:</i>	<input type="checkbox"/> circumcised <input type="checkbox"/> testes in scrotum L R
Neck	<input type="checkbox"/> supple / no masses	Spine	<input type="checkbox"/> normal, no sacral dimple
Lungs	<input type="checkbox"/> clear to auscultation bilaterally	Extremities	<input type="checkbox"/> no deformities, full ROM
		Hips	<input type="checkbox"/> good abduction
		Skin	<input type="checkbox"/> clear, no significant lesions
		Neurologic	<input type="checkbox"/> normal tone <input type="checkbox"/> normal DTR's

Comments: _____

ASSESSMENT: _____	PLAN: _____
_____	_____
_____	_____

ORDERS: Vaccine reactions, risks and follow-up explained /VIS sheets given Immunization registry entry

Immunizations- Hep B DTaP (if 6 months since previous dose) Hib PCV IPV MMR (12 mos)
 Varicella (@12 mos.) Hep A (1st dose @ 12 mos+) Influenza (yearly) Other: _____

Fluoride - Rx. 0.25 / 0.5 mg qd - refill until age 2 Fluoride varnish

Labs: Hgb (@ 9-12 months) Lead (@ 12 months) PPD

REFERRAL: WIC Dental (at 1 year) Other: _____ PM 160 completed

Next appointment: 3 months Other: _____ **Provider Signature:** _____