

<b>WELL CHILD 15 months</b>				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: _____	

<b>INTERVAL HISTORY:</b> <input type="checkbox"/> Exposure to tobacco smoke		<b>GROWTH and DEVELOPMENT</b>		
Diet: <input type="checkbox"/> breast <b>WIC:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Walks alone	<input type="checkbox"/> Feeds self	<input type="checkbox"/> Listens to story
Solid foods: _____		<input type="checkbox"/> Climbs stairs	<input type="checkbox"/> 3-6 words	<input type="checkbox"/> Points to 1-2 body parts
Appetite: _____ <b>TB risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Follows directions	<input type="checkbox"/> Hugs	<input type="checkbox"/> Self comforting
<b>Elimination:</b> _____		<b>EDUCATION / ANTICIPATORY GUIDANCE:</b> <i>Check if discussed</i>		
Sleep: _____		<b>Diet and Exercise</b>	<input type="checkbox"/> regular meals with healthy snacks <input type="checkbox"/> table food	
Illnesses: _____		<input type="checkbox"/> appropriate weight <input type="checkbox"/> exercise		
Childcare: _____		<b>Safety</b>	<input type="checkbox"/> toddler car seat <input type="checkbox"/> household safety	
<b>PARENTAL CONCERNS</b>		<input type="checkbox"/> water safety <input type="checkbox"/> outdoor safety <input type="checkbox"/> sun screen		
_____		<b>Guidance</b>	<input type="checkbox"/> reading to child <input type="checkbox"/> temper tantrums	
_____		<input type="checkbox"/> toilet awareness, not 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**

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

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>ASSESSMENT:</b>	<b>PLAN:</b>
_____	_____
_____	_____
_____	_____

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

**Immunizations-**  Influenza (yearly)

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

**Labs:** \_\_\_\_\_

**REFERRAL:**  WIC Other: \_\_\_\_\_  PM 160 completed

**Next appointment:**  3 months Other: \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_