

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		Has WIC: Yes/No	Physical activity:
Diet:	Breastfeed or Bottle	Stools:	
Accidents:		Meds./Vits.:	
Illnesses:		Exposure to tobacco smoke:	TB Risk: Yes/No
GROWTH-DEVELOPMENT:			
[]	Walks alone well	[]	Feeds self
[]	Takes lids off containers	[]	Plays pat-a-cake
[]	Holds cup to drink	[]	Stoops and recovers
[]	Dada, Mama specific	[]	Scribbles
[]	3 word vocabulary	[]	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 and 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.	[]	Hep A
[]	MMR	[]	Lead Blood Test (at 12 months)
[]	DTaP	[]	Influenza vaccine
[]	IPV	[]	Varicella
[]	Hib	[]	WIC Referral
[]	Hep B	[]	Prevnar
[]	Fluoride varnish application	[]	Immunization registry entry
		[]	HCT (between 9 to 12 months)
		[]	Rx for fluoride .25/.50 mg QD, refill till age 2
		[]	PPD
		[]	Refer to dentist at 1 year
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 and 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 and bruises, childcare plan, sun screen.			
[] Refer to appropriate agency.			
[] Return for Hep A#2 in 6 months.			
Next appointment [] 3 months or _____			
Signature _____		Date _____	