

WELL CHILD EXAM-EARLY CHILDHOOD: 12 Months

DATE

PATIENT NAME				DOB		SEX		PARENT NAME			
Allergies						Current Medications					
Prenatal/Family History						Chief Complaints					
Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)		
	%		%		%						

<p>Interval History: (Include injury/illness, visits to other health care providers, changes in family or home)</p> <hr/> <hr/> <hr/> <hr/> <p>Nutrition <input type="checkbox"/> Breast every _____ hours <input type="checkbox"/> Formula _____ oz every _____ hours With iron <input type="checkbox"/> Y <input type="checkbox"/> N Type or brand _____</p> <p><input type="checkbox"/> City water <input type="checkbox"/> Well water WIC <input type="checkbox"/> Y <input type="checkbox"/> N Elimination <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Sleep <input type="checkbox"/> Normal (8 – 12 hours) <input type="checkbox"/> Abnormal Additional area for comments on page 2 _____</p> <p>Screening and Procedures: <input type="checkbox"/> Oral Health Risk Assessment <input type="checkbox"/> Subjective Hearing -Parental observation/ concerns <input type="checkbox"/> Subjective Vision -Parental observation/ concerns <input type="checkbox"/> Hct or Hgb _____ <input type="checkbox"/> Lead level _____ mcg/dl (required for Medicaid) <input type="checkbox"/> Labs _____</p> <p>Developmental Surveillance <input type="checkbox"/> Social-Emotional <input type="checkbox"/> Communicative <input type="checkbox"/> Cognitive <input type="checkbox"/> Physical Development Psychosocial/Behavioral Assessment <input type="checkbox"/> Y <input type="checkbox"/> N Screening for Abuse <input type="checkbox"/> Y <input type="checkbox"/> N If At Risk <input type="checkbox"/> IPPD _____ (result)</p> <p>Immunizations: <input type="checkbox"/> Immunizations Reviewed, Given & Charted – if not given, document rationale (Refer to AAP Guidelines) <input type="checkbox"/> Impactsis (OH registry) updated</p>	<p>Patient Unclothed <input type="checkbox"/> Y <input type="checkbox"/> N</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Review of Systems</th> <th colspan="2">Physical Exam</th> <th rowspan="2">Systems</th> </tr> <tr> <th>N</th> <th>A</th> <th>N</th> <th>A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>General Appearance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skin/nodes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Head/fontanel</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Eyes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ears</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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type="checkbox"/> Fluoride Varnish Applied <input type="checkbox"/> Referrals <input type="checkbox"/> WIC <input type="checkbox"/> Help Me Grow <input type="checkbox"/> Children Special Health Care Needs <input type="checkbox"/> Transportation <input type="checkbox"/> Dentist <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	Review of Systems		Physical Exam		Systems	N	A	N	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears	<input type="checkbox"/>	<input 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type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<p>Anticipatory Guidance/Health Education (√ if discussed)</p> <p>Safety <input type="checkbox"/> Keep Poison Control number handy <input type="checkbox"/> Appropriate car seat placed in back seat <input type="checkbox"/> Pool/tub/water safety <input type="checkbox"/> Use gates, safety locks, window guards <input type="checkbox"/> Childproof home - (dangling cords, heaters, stairs, poisons, medicines, outlets, guns, smoke detectors) <input type="checkbox"/> Supervise near pets, mowers, driveways, streets</p> <p>Nutrition <input type="checkbox"/> Discuss Weaning, use whole milk <input type="checkbox"/> Self Feeding (avoid hard small food) <input type="checkbox"/> 3 nutritious meals, 2-3 healthy snacks <input type="checkbox"/> Don't force child to eat</p> <p>Oral Health <input type="checkbox"/> If using bottle offer only water <input type="checkbox"/> Brush toddler's teeth twice a day with a soft toothbrush and water <input type="checkbox"/> Schedule first dental exam</p> <p>Infant Development <input type="checkbox"/> Interactive talking, singing, and reading <input type="checkbox"/> Daily/Bedtime Routine <input type="checkbox"/> Encourage Safe Exploration <input type="checkbox"/> Discourage hitting, biting, aggressive behavior <input type="checkbox"/> Avoid TV, videos, computers</p> <p>Family Support and Relationships <input type="checkbox"/> Set simple limits (e.g., use distraction) <input type="checkbox"/> Praise good behavior <input type="checkbox"/> Set examples and use simple words to discipline – don't yell at, hit or shake baby <input type="checkbox"/> Special relationships with parents/caregivers <input type="checkbox"/> Encourage trusting relationships <input type="checkbox"/> Young siblings should not supervise toddler <input type="checkbox"/> Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression <input type="checkbox"/> Hold and cuddle child</p>
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Next Well Check: 15 months of age
Developmental Questions and Observations on Page 2
Provider Signature:

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Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

Yes No

- Please tell me any concerns about the way your toddler is behaving or developing
-
- My toddler likes to be with me.
- My toddler is interested in people, places and things.
- My toddler shows different feelings.
- My toddler drinks from a cup.
- My toddler eats a variety of foods.
- My toddler can make sounds.
- My toddler pulls self to standing position.

Ask the parent to respond to the following statements:

Yes No

- I am sad more often than I am happy.
- I have people who help me when I get frustrated with my toddler.
- I am enjoying my time with my toddler.
- I have time for myself, partner and friends.
- I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used: _____).

Toddler Development			Parent Development		
Stands alone 2 seconds or more	Yes	No	Appropriately disciplines toddler	Yes	No
Walks with help	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Says "Dada or Mama" specifically	Yes	No			
Responds to No	Yes	No	Parent is loving toward toddler	Yes	No
Precise pincer grasp	Yes	No			
Indicates wants by pointing or gestures	Yes	No			
Is able to transition from one activity to another throughout the day	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Appears to have a secure, attached relationship with parent	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Child's Health at 12 Months

Milestones

Ways your child is developing between 12 and 15 months of age.

- Speaks more and more words: 3-10 words by 15 months
- Stacks two or three blocks
- Walks well, climbs steps with help
- Follows simple directions
- Is curious and likes to explore people, places, and things
- Protests and says, "NO!"
- Touches, hugs, and kisses

For Help or More Information:

Health and Nutrition program:

- Women, Infant, and Children (WIC) Program, call 1-800-755-4769, or visit the website at:
www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For families of children with special health care needs call:

Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents). Visit the Website at:
<http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx>

For help finding childcare:

For help finding childcare:
Bureau of Child Care and Development -800.886.3537
<http://www.odifs.state.oh.us/cdc/query.asp>

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236. Visit the website: www.safercar.gov/
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or
www.usa.safekids.org/

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at
www.ohiohelpmegrow.org/.

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at
www.mitoxic.org/pcc or www.spectrum-health.org

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at <http://www.cdc.gov/vaccines>

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or
online at <http://www.ndvh.org/>

Health Tips:

Make sure your child gets her immunizations (shots) on time to protect her from many serious diseases. If your child has missed any shots, make an appointment to catch up.

Your child should be eating different kinds of healthy foods. Eating small pieces of soft table food can give your child the nutrition he needs.

Let your child drink from a cup.

Call your child's doctor or nurse before your next visit if you have any questions or concerns about your child's health, growth, or development.

Parenting Tips:

Play, read, and talk with your child every day. Repeat songs and nursery rhymes that she likes.

Name your child's feelings out loud – happy, sad or mad. Use words to tell him what is coming next. Your child can understand more words than he can say.

Calmly, set limits to keep your child safe by giving her something different to do. Praise your child when she does things that you like.

When you are a parent, you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (<http://www.parenting.org/hotline/index.asp>). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Your child should ride in a rear-facing child safety seat in the back seat of the vehicle as long as possible. He should be at least 12 months old AND weigh at least 20 pounds before he is placed in a forward-facing toddler car seat.

As your child learns to walk and climb, make sure your house is safe to explore. Keep the floor clean, lock poisons away, put things that break on a high shelf, and keep gates closed on stairs.

Your child can choke on small objects. Keep small, hard, round objects (coins, small blocks) out of reach. Avoid giving round pieces of food, such as hot dog slices, grapes, or nuts to eat.