

# WELL CHILD EXAM-EARLY CHILDHOOD: 15 Months

DATE \_\_\_\_\_

<b>PATIENT NAME</b>				<b>DOB</b>		<b>SEX</b>		<b>PARENT NAME</b>			
<b>Allergies</b>						<b>Current Medications</b>					
<b>Prenatal/Family History</b>						<b>Chief Complaint</b>					
Weight	Percentile	Length	Percentile	Wt. for length Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP	
	%		%	%		%					

**Interval History:**  
(Include injury/illness, visits to other health care providers, changes in family or home)

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**Nutrition**

Whole milk, cup only

Solids \_\_\_\_\_ servings per day

City water     Well water

**WIC**    Y    N

**Elimination**    Normal     Abnormal

**Sleep**

Normal (8 – 12 hours)     Abnormal

Additional area for comments on page 2

**Screening and Procedures:**

Subjective Hearing -Parental observation/ concerns

Subjective Vision -Parental observation/ concerns

**Developmental Surveillance**

Social-Emotional    Communicative

Cognitive    Physical Development

**Psychosocial/Behavioral Assessment**

Y    N

**Screening for Abuse**     Y    N

**Immunizations:**

Immunizations Reviewed, Given & Charted  
– if not given, document rationale

Refer to AAP immunization guidelines

Impactsis (OH registry) updated

**Labs**

\_\_\_\_\_     \_\_\_\_\_

\_\_\_\_\_     \_\_\_\_\_

Acetaminophen \_\_\_\_\_ mg. q. 4 hours

Patient Unclothed    Y    N

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate/teeth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

**Abnormal Findings and Comments**

( see additional note area on next page)

Results of visit discussed with parent    Y    N

**Plan**

History/Problem List/Meds Updated

Fluoride Varnish Applied

Referrals

WIC     Help Me Grow

Children Special Health Care Needs

Transportation     Dentist

Other \_\_\_\_\_

Other \_\_\_\_\_

**Anticipatory Guidance/Health Education**  
(√ if discussed)

**Safety**

Keep Poison Control number handy

Appropriate car seat placed in back seat

Test smoke detectors (one on every level)

Use stair gates, safety locks, window guards

Childproof home - (window guards, cleaners, medicines, outlets, guns, dangling cords)

Never leave child alone in home or car

Turn pot handles to back of stove

Limit time in sun-use hat/sunscreen

Keep hot liquids and matches out of reach

Avoid TV viewing

**Oral Health**

Brush toddler's teeth with soft toothbrush/water twice daily

Make first dental appointment if not done yet

Use good family oral habits

Don't share utensils or cups

**Sleep Routines and Issues**

Bedtime Routine

Strategies for night waking

Don't put to bed with bottle

**Child Development and Behavior**

Stranger anxiety & separation anxiety

Promote child's language by using simple clear words and phrases

Allow child choices acceptable to you

Speak to your child reassuringly

Use distraction e.g. an alternative activity

Praise good behavior and activities

Use discipline to teach, not punish

**Family Support and Relationships**

Keep family outings short and simple

Help child express emotions appropriately

Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:

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**Next Well Check: 18 months of age**

**Developmental Questions and Observations on Page 2**

Provider Signature: \_\_\_\_\_

# WELL CHILD EXAM-EARLY CHILDHOOD: 15 Months

DATE	PATIENT NAME	DOB
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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:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler likes to be with me.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler is interested in people, places and things.          |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler shows different feelings.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler feeds self with fingers/spoon and drinks from a cup. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can stack 2 – 3 blocks.                              |

Ask the parent to respond to the following statements:

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy.                             |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my toddler.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time for myself, partner and friends.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner.                                     |

## Developmental Milestones

Always ask parents if they have concerns about development or behavior. A standardized developmental and autism screening tool should be administered at the 18 month visit (Medicaid required-Tool Used \_\_\_\_\_). If the child is unlikely to return for an 18 month visit, the standardized screens should be completed at the 15 month visit. In addition, the following should be observed:

Toddler Development			Parent Development		
Understands simple commands	Yes	No	Appropriately disciplines toddler	Yes	No
Walks without support	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Says at least 3 – 5 words	Yes	No			
Indicates wants by pointing or gestures.	Yes	No	Parent is loving toward toddler	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 and attached relationship with parent	Yes	No			

Please note: Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. In addition, screening tests should be administered regularly at the 9-, 18-, and 24- or 30- month visits (AAP, 2006, *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*)

## Additional Notes from pages 1 and 2:

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Staff Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

## Your Child's Health at 15 Months

### Milestones

*Ways your child is developing between 15 and 18 months of age.*

- Says phrases of at least two words
- Walks, may run a bit, climbs up or down one stair
- Likes pull toys and likes being read to
- Is curious and likes to explore people, places and things
- Protests and says, "NO!"
- Imitates others
- Kisses and shows affection
- Makes marks with a crayon

### For Help or More Information:

#### **Car seat safety:**

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at [www.seatcheck.org](http://www.seatcheck.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>.

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

#### **For information about lead screening:**

Medicaid Consumer Hotline-800.324.8680

#### **Poison Prevention:**

Call the Poison Control Center at 1-800-222-1222

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

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

#### **Parenting skills or support:**

Call Cooperative Extension for classes-614. 688.5378

#### **For families of children with special health care needs:**

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>

#### **Prevention of Unintentional childhood injuries:**

National Safe Kids Campaign 1-202-662-0600 or  
[www.safekids.org](http://www.safekids.org)

#### **Domestic Violence hotline:**

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

#### **For help finding childcare:**

Bureau of Child Care and Development -800.886.3537  
<http://www.odjfs.state.oh.us/cdc/query.asp>

### Health Tips:

Your child's check-ups will be spaced farther apart as your child gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your child has had all the shots he needs. If your child has missed some shots, make an appointment to get them soon. Your child needs all of the required shots to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer a variety of healthy foods. Let her decide how much of each food to eat. Do not force her to finish food.

Your child needs two cups of milk or yogurt, or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

### Parenting Tips:

Name your child's feelings out loud – happy, sad or mad. Use words to tell her what is coming next. Your child can understand more words than she can say. Give your child simple choices. Example "squash or peas?"

Calmly set limits for your child by giving him something different to do. Praise him when he 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

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while he is playing.

Your child may try to get out of her car seat. Avoid letting her get out, because then she will try again and again.

- If she tries, be firm, stop the car, and refuse to move until she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.