

NAME:
DOB:
GENDER:     MALE     FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

**HISTORY**

See new patient history form

**INTERVAL HISTORY:**

NKDA           Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y     N Findings:

**DEVELOPMENTAL/MENTAL HEALTH SCREENING:**

Use of standardized tool: ASQ PEDS SWYC P F

Autism screening: M-CHAT™ M-CHAT-R/F™ P F

Findings:

**NUTRITION\*:**

Breast                   Bottle                   Cup  
Milk (%): \_\_\_\_\_ Ounces per day: \_\_\_\_\_  
Solid foods: \_\_\_\_\_  
Juice: \_\_\_\_\_  
Water source: \_\_\_\_\_ Fluoride: Y     N

*\*See Bright Futures Nutrition Book if needed*

**IMMUNIZATIONS**

Up-to-date  
Deferred - Reason:

Given today: DTaP   Hep A   Hep B   Hib   IPV  
MMR   PCV   Meningococcal\*   Varicella  
MMRV   DTaP-Hib   DTaP-IPV-Hep B  
DTaP-IPV/Hib   Influenza

*\*Special populations: See ACIP*

**LABORATORY**

Tests ordered today:

**UNCLOTHED PHYSICAL EXAM**

See growth graph

Weight: \_\_\_\_\_ ( \_\_\_\_\_ %) Length: \_\_\_\_\_ ( \_\_\_\_\_ %)

Head Circumference: \_\_\_\_\_ ( \_\_\_\_\_ %)

Heart Rate: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

Temperature (optional): \_\_\_\_\_

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

Appearance	Mouth/throat	Genitalia
Head/fontanel	Teeth	Extremities
Skin	Neck	Back
Eyes	Heart/pulses	Musculoskeletal
Ears	Lungs	Hips
Nose	Abdomen	Neurological

Abnormal findings:

**SENSORY SCREENING:**

Subjective Vision Screening: P F

Subjective Hearing Screening: P F

**HEALTH EDUCATION/ANTICIPATORY GUIDANCE** *(See back for useful topics)*

Selected health topics addressed in any of the following areas\*:

- Family Support
- Development/Behaviors
- Communication
- Nutrition
- Safety

*\*See Bright Futures for assistance*

**ASSESSMENT****PLAN/REFERRALS**

Dental Referral: Y  
Other Referral(s)

Return to office:

Signature/title

Signature/title

Name: Medicaid ID: 

### Typical Developmentally Appropriate Health Education Topics

#### 18 Month Checkup

- Lead risk assessment\*
- Assist to describe feelings in simple words
- Provide age-appropriate toys to develop imagination/self-expression
- Read books and talk about pictures/story using simple words
- Begin toilet training when ready
- Discipline constructively using time-out for 1 minute/year of age
- Encourage supervised outdoor play
- Establish consistent bedtime routine
- Establish consistent limits/rules and consistent consequences
- Establish routine and assist with tooth brushing with soft brush twice a day
- Limit TV time to 1-2 hours/day
- Praise good behavior
- Provide opportunities for side-by-side play with others of same age group
- Maintain consistent family routine
- Make 1:1 time for each child in family
- Be aware of language used, child will imitate
- Provide nutritious 3 meals and 2 snacks; limit sweets/high-fat foods
- Home safety for fire/carbon monoxide poisoning, stair/window gates, electrical outlet covers
- Lock up guns
- No shaking baby (Shaken Baby Syndrome)
- Provide safe/quality day care, if needed
- Supervise within arm's length when near water
- Use of front-facing car seat in back seat of car if >20 pounds

### HEARING CHECKLIST FOR PARENTS (OPTIONAL)

	Yes	No
<b>Ages 18 to 24 months</b>		
		Understands simple "yes/no" questions
		Understands simple phrases with prepositions ("in the cup")
		Enjoys being read to and points to pictures when asked
		Uses his or her own first name
		Uses "my" to get toys and other objects
		Tells experiences using jargon and words
		Uses 2-word sentences like "my shoes," "go bye-bye," "more juice"

### \*LEAD RISK FACTORS

Perform a blood lead test if parent/caretaker answers "Yes/Don't Know" to any of the questions below.

	Yes	Don't know	No
• Child lives in or visits a home, day care, or other building built before 1978 or undergoing repair			
• Pica (Eats non-food items)			
• Family member with an elevated blood lead level			
• Child is a newly arrived refugee or foreign adoptee			
• Exposure to an adult with hobbies or jobs that may have risk of lead contamination (See Pb-110 for a list)			
• Food sources (including candy) or remedies (See Pb-110 for a list)			
• Imported or glazed pottery			
• Cosmetics that may contain lead (See Pb-110 for a list)			

The use of the Form Pb-110, Lead Risk Questionnaire is optional. It is available at [www.dshs.texas.gov/thsteps/forms.shtm](http://www.dshs.texas.gov/thsteps/forms.shtm).

### EARLY CHILDHOOD INTERVENTION (ECI)

The ECI Physician Referral and Orders for Early Childhood Intervention (ECI) form is available at:

<https://hhs.texas.gov/services/disability/early-childhood-intervention-services/eci-information-health-medical-professionals>