

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 SURVEILLANCE:**

- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

**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    Hib-Hep B            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:

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\*:

- Development/Communication    • Nutrition
- Behaviors/Discipline                • Safety
- Routines

*\*See Bright Futures for assistance*

**ASSESSMENT**

**PLAN/REFERRALS**

Referral(s):

Return to office: \_\_\_\_\_

Signature/title

Signature/title

Name:

Medicaid ID:

### Typical Developmentally Appropriate Health Education Topics

#### 15 Month Checkup

- Lead risk assessment\*
- Encourage supervised outdoor play
- Establish consistent limits/rules and consistent consequences
- Separation anxiety common at this age
- Discipline constructively using time-out for 1 minute/ year of age
- Limit TV time to 1-2 hours/day
- Make 1:1 time for each child in family
- Praise good behavior
- Promote language using simple words
- Provide age-appropriate toys
- Provide favorite toy for self-soothing during sleep time
- Read books and talk about pictures/story using simple words
- Use distraction or choice of 2 appropriate options to avoid/resolve conflicts
- No bottle in bed
- 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/do not leave alone in bath water
- Use of front-facing car seat in back seat of car if >20 pounds
- Establish consistent bedtime routine
- Establish routine and assist with tooth brushing with soft brush twice a day
- Maintain consistent family routine

### HEARING CHECKLIST FOR PARENTS (OPTIONAL)

Ages 12 to 18 months	Yes	No
		Points to body parts (hair, eyes, nose, mouth) when asked to
		Brings objects to you when asked
		Hears and identifies sounds coming from another room or from outside
		Gives one-word answers to questions
		Imitates many new words
		Uses words of more than one syllable with meaning ("bottle")
		Speaks 10 to 20 words

### \*LEAD RISK FACTORS

Perform a blood lead test if parent/caretaker answers "Yes/Don't Know" to any of the questions below.	Don't Yes know No
• Child lives in or visits a home, day care, or other building built before 1978 or undergoing repair	<input type="checkbox"/>
• Pica (Eats non-food items)	<input type="checkbox"/>
• Family member with an elevated blood lead level	<input type="checkbox"/>
• Child is a newly arrived refugee or foreign adoptee	<input type="checkbox"/>
• Exposure to an adult with hobbies or jobs that may have risk of lead contamination (See Pb-110 for a list)	<input type="checkbox"/>
• Food sources (including candy) or remedies (See Pb-110 for a list)	<input type="checkbox"/>
• Imported or glazed pottery	<input type="checkbox"/>
• Cosmetics that may contain lead (See Pb-110 for a list)	<input type="checkbox"/>

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). If completed, return the form to the Texas Childhood Lead Poisoning Prevention Program as directed on the form.

### EARLY CHILDHOOD INTERVENTION (ECI)

The ECI referral form is available at:  
<http://txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf>