## PEDIATRIC VISIT 12 to 14 MONTHS

DATE OF SERVICE_____

NAME_____ M / F DATE OF BIRTH_____ AGE_____

WEIGHT_____/_____% HEIGHT_____/_____% HC_____/_____% TEMP_____

### HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated?_____
Family health history updated?_____
Reactions to immunizations? Yes / No_____
Concerns: _____

### PSYCHOSOCIAL ASSESSMENT:

**Sleep:** **Child care:**

**Recent changes in family:** *(circle all that apply)*
New members, separation, chronic illness, death, recent move, loss of job, other_____

**Environment:** Smokers in home? Yes / No

**Violence Assessment:**
History of injuries, accidents? Yes / No_____
Evidence of neglect or abuse? Yes / No_____

### RISK ASSESSMENT: (by questionnaire)

**TB** (required @ 12 mos.) **LEAD**

Pos / Neg Pos / Neg

### PHYSICAL EXAMINATION: (unclothed)

| Wnl | Abn | *(describe abnormalities)* |
|---|---|---|
| ☐ | ☐ | Appearance/Interaction |
| ☐ | ☐ | Growth |
| | | _____ |
| ☐ | ☐ | Skin |
| | | _____ |
| ☐ | ☐ | Head/Face |
| ☐ | ☐ | Eyes/Red reflex/Cover test |
| ☐ | ☐ | Ears |
| ☐ | ☐ | Nose |
| ☐ | ☐ | Mouth/Dental/Number of teeth |
| | | _____ |
| ☐ | ☐ | Neck/Nodes |
| ☐ | ☐ | Lungs |
| | | _____ |
| ☐ | ☐ | Heart/Pulses |
| ☐ | ☐ | Chest/Breasts |
| | | _____ |
| ☐ | ☐ | Abdomen |
| ☐ | ☐ | Genitals |
| | | _____ |
| ☐ | ☐ | Musculoskeletal |
| ☐ | ☐ | Neuro/Reflexes/Tone |
| | | _____ |
| ☐ | ☐ | Vision *(gross assessment)* |
| ☐ | ☐ | Hearing *(gross assessment)* |

_____

_____

_____

### NUTRITIONAL ASSESSMENT:

**Typical diet**: *(specify foods)*:

**Education:** Phase out bottle ☐ Table foods ☐ Vitamins ☐
Decreased appetite ☐ Whole milk until age two ☐
Keep offering new foods ☐ Nutritious snacks ☐

### DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

**ASQ:** ☐ **PEDs** ☐ **Other:** ☐ *(specify)* _____
**Results:** Pass/Fail (circle)
☐ **Areas of Concern**:_____
**Referred:** Yes / No **Where**? _____

### DEVELOPMENTAL SURVEILLANCE: *(**O**bserved or **R**eported)*

**Social**: Fear of strangers ☐ Separation anxiety ☐

**Fine Motor:** Scribbles ☐ Pincer grasp ☐ Drinks from cup ☐

**Language:** Dada or Mama (specific) ☐ 1 to 3 words ☐
Indicates wants ☐

**Gross Motor:** Stands alone ☐ "Cruises" ☐ Walks ☐ Stoops and recovers ☐ Plays ball with examiner ☐

### ANTICIPATORY GUIDANCE:

**Social:** Fear of strangers ☐ Separation anxiety ☐

**Parenting:** Delay toilet training ☐ Negativism ☐ Autonomy ☐
Discipline means to teach ☐ Avoid spanking/slapping ☐

**Play and communication:** Varied activities ☐
Singing, naming, reading ☐

**Health**: Fever ☐ Fluoride if well water ☐ Brush teeth ☐
Second hand smoke ☐ Use sunscreen ☐

**Injury prevention:** Infant car seat ☐ Rear riding seat ☐
Hot liquids ☐ Hot water set at 120º ☐ Water safety (tub, pool) ☐
Choking/suffocation ☐ Poison control # ☐ Baby proof home ☐
Firearms (owner risk/safe storage) ☐ Fall prevention (heights) ☐
Don't leave unattended ☐ Smoke detector/escape plan ☐

### PLANS/ORDERS/REFERRALS

1. Immunizations ordered ☐ _____
2. Lead test/HCT required ☐ _____
3. PPD/Other, if positive risk assessment ☐
   _____
4. Dental visit advised ☐_____
5. Fluoride Varnish Applied? Yes / No_____
6. Next preventive appointment at 15 months ☐ _____
7. Referrals for identified problems? *(specify)*_____

_____

_____

_____

**Signatures:**_____