**PEDIATRIC VISIT 15 to 17 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 (if new pt. or not done @ 12mos.) LEAD

Positive / Negative Pos / Neg

## PHYSICAL EXAMINATION (unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

# NUTRITIONAL ASSESSMENT:

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

**Education:** Only water in bedtime bottle **** Keep offering new foods **** Strong dislike for certain foods **** Phase out bottle, pacifier **** **DEVELOPMENTAL SCREENING:** *(with Tool, if warranted)*

**ASQ: ** **PEDs ** **Other: ** *(specify)*

**Results:** Pass/Fail

**** **Areas of Concern**: **Referred:** Yes / No **Where**? **DEVELOPMENTAL SURVEILLANCE:** *(****O****bserved or* ***R****eported)* **Social:** Imitates affection **** Helps with simple tasks ****

Imitates housework ****

**Fine Motor:** Scribbles spontaneously **** Uses cup **** Feeds self ****

Tower of 2 cubes ****

**Language:** 3 words other than Dada/Mama **** Immature babbling ****

Points to 1-3 named body parts **** Understands simple commands ****

**Gross Motor:** Crawls up steps **** Stoops and recovers ****

Walks well **** Walks backward **** Removes garment ****

# ANTICIPATORY GUIDANCE:

**Social:** Child is egocentric **** Loves attention ****

Seeks to control others ****

**Parenting:** Child may bite, hit **** Use time out ****

**** **** Temper tantrums: ignore, distract **** Avoid spanking/slapping ****

Skin

**** **** Head/Face

**** **** Eyes/Red reflex/Cover test

**** **** Ears

**** **** Nose

**** **** Mouth/Dental/Number of teeth

**** **** Neck/Nodes

**** **** Lungs

Discipline is teaching **** Dependence verses autonomy needs ****

**Play and communication:** Climbing, dancing, riding toys **** Likes to push/pull, empty/fill, open/close **** Read stories **** Enjoys household articles ****

**Health:** Regression during illness/stress **** Proper shoes ****

Teeth brushing **** Fluoride if well water ****

Second hand smoke **** Use sunscreen ****

**Injury prevention:** Infant car seat **** Rear riding seat ****

Baby proof home **** Hot liquids **** Hot water set at 120º ****

Water safety (tub/pool) **** Choking/suffocation **** Poison control # ****

**** **** Heart/Pulses

**** **** Chest/Breasts

**** **** Abdomen

**** **** Genitals

Firearms (owner risk/safe storage) **** Fall prevention (heights) ****

Don’t leave unattended **** Smoke detector/escape plan ****

# PLANS/ORDERS/REFERRALS

1. Immunizations ordered (flu if appropriate) ****

2. Review lead and HCT results **** Refer

**** **** Musculoskeletal

**** **** Neuro/Reflexes/Tone

**** ****

for lead and HCT testing if no results found ****

1. PPD/other, if positive risk assessment ****
2. Dental visit advised  or date of last dental exam

Vision *(gross assessment)*

**** **** Hearing *(gross assessment)*

1. Fluoride Varnish Applied? Yes / No
2. Next visit scheduled

7. Referrals if needed **Signatures:** *https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx* ***Maryland Healthy Kids Program*** 2020