18 Month Check Up - Parent's Page

Name:	Brought in by:	Date:
Allergies:	Medicines: Taking vitamin D?, fluoride?	Phone number:

What concerns do you want to talk about today?

_____

Any illnesses, accidents, ER visits, visits to other doctors since last visit?

_____

Did your child have any trouble with last visit's vaccines?_____

How does your child sleep?_____

How many servings of vegetables does your child eat in a day? ____ How many of milk products?____

What activities does your child enjoy? _____

How much TV does your child watch? _____

Does your child enjoy books? _____

Safety

Is there a lot of stress in your family?	yes	no	sometimes
Do you have working smoke detectors?	yes	no	not sure
Do you have a fire escape plan?	yes	no	
Are any guns in your home locked away?	yes	no	not applicable
Is your child's car seat rear-facing in the back seat? (This is the best place until age 2!)	yes	no	sometimes
Are you brushing your baby's teeth each day?	yes	no	sometimes

Do you have concerns about your child's behavior? not at all somewhat very much

Do you have concerns about your child's learning or development? not at all somewhat very much

What are those concerns: _____

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?	**Many times a day** ○	**A few times a day** ○	**A few times a week** ○	**Less than once a week** ○	**Never** ○
	Always	**Usually**	**Sometimes**	**Rarely**	**Never**
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

How does your child usually show you something he or she wants?	**Says a word for what he or she wants**	**Points to it with one finger**	**Reaches for it**	**Pulls me over or puts my hand on it**	**Grunts, cries or screams**
(please check all that apply)	☐	☐	☐	☐	☐
What are your child's favorite play activities?	**Playing with dolls or stuffed animals**	**Reading books with you**	**Climbing, running and being active**	**Lining up toys or other things**	**Watching things go round and round like fans or wheels**
(please check all that apply)	☐	☐	☐	☐	☐

18 Month Check Up - Doctor's Page

Name:_____Age: _____Date: _____

Vaccines given today: □ Varicella □ MMR □ HIB □ Prevnar □ DTaP □ Influenza

□ other:_____

□ See vaccine registry for vaccine administration details
□ Prior reaction and immunizations reviewed and explained, VIS given

Reminders:

□ LEAD & H/H done

Physical exam: (check if normal)

□ see EMR for vitals and growth charts

□ General appearance
□ Head
□ ENT
□ Heart
□ Genitalia
□ Neurological
□ Parent child interaction
□ Skin
□ Eyes
□ Lungs
□ Abdomen
□ Extremities
□ Milestones consistent with history
    - □ eye contact observed
    - □ pretend play observed
    - □ follows indicative pointing w/ eyes on object
    - □ initiates indicative pointing w/ eyes on face
    - □ stacks blocks (#____)

□ Dental oral evaluation done (CPT: D01.45 ICD10: 99420)
□ Dental varnish applied (CPT: D12.06 ICD10: 99188)

Assessment:
□ well baby - no concerns
□ Score on developmental screening (CPT: Z13.4 and ICD10: 96110)

Plan:
□ follow up 24 months for WCC □ scheduled
vaccines expected:_____
□ flu booster in 1 mos □ scheduled
□ LEAD & H/H planned at 2 yo visit

Topics discussed:
□ Oral health
□ Development

18 month hand outs given after reviewing with patient:

Signature: _____