

PATIENT NAME	DOB	SEX	PARENT NAME
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Allergies	Current Medications
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Prenatal/Family History

Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition
 Breast every _____ hours
 Formula _____ oz every _____ hours
 With iron Y N
 Type or brand _____
 City water Well water

Elimination
 Normal Abnormal

Sleep
 Normal (8 – 12 hours) Abnormal
 Abnormal Findings and Comments
 If yes, see additional note area on next page

WIC Y N

Screening:
Hearing
 Responds to voice & noise (parent report)
 Responds to noisemaker (optional)
 Parental observation/concerns

Vision
 Ability to fix and follow, alternate occlusion, corneal light, red reflex
 Parental observation/concerns

Procedures
 Lead level _____ mcg/dl (required for Medicaid)
 Hct or Hgb _____ (required for Medicaid if not done at 9 month visit)
 If Risk:
 IPPD _____ (result)

Immunizations:
 Immunizations Reviewed, Given & Charted – if not given, document rationale
 DTaP IPV HepB Hib PCV
 MMR Varicella or Chicken Pox Date: _____
 MCIR checked/updated
 Acetaminophen _____ mg, q. 4 hours

Next Well Check: 15–18 months of age

Developmental Questions and Observations on Page 2

Provider Signature:

Patient Unclothed Y N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments
 If yes, see additional note area on next page
 Results of visit discussed with parent Y N

Plan
 History/Problem List/Meds Updated
 Referrals
 WIC Early On
 Children Special Health Care Needs
 Transportation
 Other _____
 Other _____

Anticipatory Guidance/Health Education
(√ if discussed)

Healthy and Safe Habits

- Injury and Illness Prevention**
- Keep Poison Control number handy
 - Appropriate car seat placed in back seat
 - Pool/tub/water safety
 - Don't leave heavy objects, hot liquids on tablecloths
 - Use stair gates, safety locks, window guards
 - Childproof home - (dangling cords, poisons, medicines, outlets, guns, smoke detectors)
 - Supervise near pets, mowers, driveways, streets
 - Limit time in sun-use hat/sunscreen
 - Check home for lead poisoning hazards
 - Avoid or limit TV viewing

Nutrition

- Discuss Weaning, use whole milk
- Toddler should drink from cup
- Avoid choke foods, limit sugar
- 3 nutritious meals, 2-3 healthy snacks daily
- Let child experiment with food, don't force eating

Oral Health

- Don't put toddler to bed with bottle
- Discuss flouride
- Brush toddler's teeth with a soft toothbrush and water
- Schedule first dental exam

Social Competence

- Set simple limits (e.g., use distraction)
- Delay Toilet Training
- Interactive talking, singing, and reading
- Expect curiosity about genitals
- Daily/Bedtime Routine (put to bed awake)
- Encourage Safe Exploration
- Praise good behavior
- Discourage hitting, biting, aggressive behavior

Family Support and Relationships

- Special relationships with parents/caregivers
- Encourage trusting relationships
- Young siblings should not supervise toddler
- Family Planning
- Limit caregivers and choose them carefully
- Substance Abuse, Domestic Violence, Depression
- Hold and cuddle child

Community Interaction

- Discuss early intervention programs if needed

WELL CHILD EXAM-EARLY CHILDHOOD: 12 Months

DATE	PATIENT NAME	DOB
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Developmental Questions and Observations

Ask the parent to respond to the following statements about the toddler:

Yes No

- Please tell me any concerns about the way your toddler is behaving or developing
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- My toddler likes to be with me.
- My toddler is interested in people, places and things.
- My toddler shows different feelings.
- My toddler drinks from a cup.
- My toddler eats a variety of foods.
- My toddler can make sounds.
- My toddler pulls self to standing position.

Ask the parent to respond to the following statements:

Yes No

- I am sad more often than I am happy.
- I have people who help me when I get frustrated with my toddler.
- I am enjoying my time with my toddler.
- I have time for myself, partner and friends.
- I feel safe with my partner.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Toddler Development			Parent Development		
Stands alone 2 seconds or more	Yes	No	Appropriately disciplines toddler	Yes	No
Walks with help	Yes	No			
Says "Dada or Mama" specifically	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Responds to No	Yes	No			
Precise pincer grasp	Yes	No	Parent is loving toward toddler	Yes	No
Indicates wants by pointing or gestures	Yes	No			
Is able to transition from one activity to another throughout the day	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Appears to have a secure, attached relationship with parent	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Child's Health at 12 Months

Milestones

Ways your child is developing between 12 and 18 months of age.

Speaks more and more words: 3-10 words by 15 months; 15-20 words by 18 months.

Stacks two or three blocks.

Walks well, climbs steps with help.

Knows names of some body parts (such as eyes, nose, ears) and can point to them.

Follows simple directions.

Is curious and likes to explore people, places, and things.

Plays beside other children.

Protests and says, "NO!"

Touches, hugs, and kisses.

For Help or More Information:

Health and Nutrition program:

Women, Infant, and Children (WIC) Program, call 1-800-26-BIRTH.

Support for parents of children with special health care needs:
Children Special Health Care Services, MDCH Family phone line at 1-800-359-3722.

Car seat safety:

Contact the Auto Safety Hotline at 1-888-327-4236.

For information about lead screening:

Contact the Michigan Department of Community Health Hotline at 1-800-648-6942.

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.safekids.org

For information about childhood development:

Contact EarlyOn Michigan at 1-800-327-5966 or the Michigan Head Start Associations at 1-517-374-6472.

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222.

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1-800-232-2522 (English) or 1-800-232-0233 (Spanish).

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233)

Health Tips:

Make sure your child gets his/her immunizations on time to protect him/her from many serious diseases. If your child has missed any "shots," make an appointment to catch up.

Your child should be eating different kinds of healthy foods. Eating small pieces of soft table food can give your child the nutrition he/she needs.

Let your child drink from a cup.

Brush your child's teeth at least once a day. Start to use a tiny pea-sized piece of toothpaste with fluoride. Take your child for his/her first dental checkup.

Call your child's doctor or nurse before your next visit if you have any questions or concerns about your toddler's health, growth, or development.

Parenting Tips:

Play, read, and talk with your child every day. Repeat songs and nursery rhymes that he/she likes.

Name child's feelings out loud – happy, sad or mad. Use words to tell child what is coming next. Your child can understand more words than he/she can say. Give child simple choices. For example "squash or peas?"

Calmly, set limits to keep child safe by giving your child something different to do. Praise your child when he/she does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

Your child should ride in a rear-facing child safety seat in the back seat of the vehicle as long as possible. He/she should be at least 12 months old AND weigh at least 20 pounds before they are placed in a forward-facing toddler car seat.

As your child learns to walk and climb, make sure your house is safe to explore. Keep the floor clean, lock poisons away, put things that break on a high shelf, and keep gates closed on stairs.

Your child can choke on small objects. Keep small, hard, round objects (coins, small blocks) out of reach. Avoid giving round pieces of food, such as hot dog slices, grapes, or nuts to eat.