

1 Year Well Child Check

Patient Name _____

DOB (Age) _____

Sex _____

Date _____

Interval History

Illness: _____

Diet: _____ Elimination: _____ Sleep: _____ (Own room and bed if possible)

Development: Walking / Autonomy / Temper tantrums / Pat-a-Cake / Holds cup / Mama-dada / 1 to 3 meaningful words / Understands 25 words / will hand toy to you if asked / Baby can ask for something by pointing, reaching, or looking at it and babbling

Social: Update _____

Parental Concerns: _____

Ht _____ % Wt _____ % HC _____ %

BP _____ P _____ R _____ T _____

Exam Abnormal Findings

Abnormal Findings

General
Head / Fontanelles
Eyes / Strabismus
Ears
Nose
Mouth
Throat
Neck
Breast
Heart
Lungs

Abdomen
GU
Rectal
MSK
Extremities
Skin
Vasc/Pulses
Lymph
Neuro
Psych

Lab: PPD _____ UA _____ HCT _____ (9 or 12 months), Lead _____
reading _____

Immunizations: _____

Anticipatory Guidance

Diet: 24 to 32 oz whole milk or 2% / No skim milk / Balance of food groups / 3 meals a day / Healthy snacks, avoid junk food / Use of cup / Fluoride / Vitamins

Behavior: Nightmares / Negativism / Getting into things / Curiosity

Safety: Car Seat / Cleaners, poisons, medicines up high or locked / Gates on stairs / Hot objects / Falls / Aspiration of food / Tap water to 120 degrees / Ipecac

Developmental: Picture books / Encourage speech with pictures / Encourage alone playtime / Talk about things you use like, "cup", "doll" / Ask about pictures in books

Health Education: Minor illness or trauma / Chicken pox / OTC medications / Need for immunizations at 15 months / Review URI, diarrhea

Guidance: NO toilet training / Temper tantrums / Discipline / "Johnny won't eat"

Assessment/Plan

Return at:
15 months

Handouts/Materials: Ipecac
Poison control no.