

# 15 Month Well Child Check

Patient Name \_\_\_\_\_ DOB (Age) \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

## Interval History

Illness:

Diet: Using bottle? \_\_\_\_\_ Elimination: \_\_\_\_\_ Sleep: \_\_\_\_\_

Development: Walks (holding furniture) / Stands alone / Mama and Dada (3-5 words) / Pat-a-Cake / 2 cube tower / Pincer grasp / Points to body parts, / Crawls up stairs

Social:

Parental Concerns:

Ht \_\_\_\_\_ % Wt \_\_\_\_\_ % HC \_\_\_\_\_ % BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

<u>Exam</u>	<u>Abnormal Findings</u>	<u>Abnormal Findings</u>
General		Abdomen
Head / Fontanelles (closed)		GU
Eyes / Strabismus		Rectal
Ears		MSK
Nose		Extremities
Mouth		Skin
Throat		Vasc/Pulses
Neck		Lymph
Breast		Neuro
Heart		Psych
Lungs		

Lab: \_\_\_\_\_ Immunizations: MMR \_\_\_\_\_

## Anticipatory Guidance

Diet: NO bottle / Whole milk, table foods / Child may be picky eater / Use of cup and spoon / Limit candy and sugar / Vitamins and fluoride

Behavior: Self feeding / Simple games / TV / Reading / Meals together

Safety: Review past suggestion: car seats, poisons, gates, outlets, hot objects / Knives / Guns / Bathtub / Balloons and plastic

Developmental: NO toilet training / Consistent discipline / Crib vs bed / Positive reinforcement /

Health Education: Review meds

Guidance: Temper tantrums / Thumbsucking OK /

## Assessment/Plan

Return at:  
18 months

Handouts: