

18 Month Well Child Check

Patient Name _____ DOB (Age) _____ Sex _____ Date _____

Interval History

Illness:

Diet: Cup and spoon? Use of sweets, bottle?

Elimination:

Sleep:

Development: Walks well / Mama and Dada (4 to 10 words) / Most can say "thank you" and follow directions like "jump" / Climbs stairs / 3 cubes / Kicks a ball / Sits in chair / Can pucker and kiss

Social:

Parental Concerns:

Ht _____ % Wt _____ % HC _____ %

BP _____ P _____ R _____ T _____

Exam

Abnormal Findings

Abnormal Findings

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

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

Lab: HCT prn _____, Lead prn _____

Immunizations: DPT _____, OPV _____

Anticipatory Guidance

Diet: 3 meals per day with snacks / May be picky eater / NO bottle

Behavior: Sharing / Peers / Masturbation / Temper tantrums / Likes action / Negativism / Stranger anxiety

Safety: Car seats / steps / gates / medicine cabinet / Outlets / Water safety / Streets / Refrigerators

Developmental: Ask child to help you (put cup on table) / Teach simple songs and nursery rhymes / Encourage child to talk / Play telephone / Read to child

Health Education: Brush teeth / Review med dosing / Dental care early

Guidance: Consistent discipline / Begin toilet training 18-24 months /

Assessment/Plan

Return at:
24 months

Handouts: