



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

12 - 15 MONTHS

**NURSING INTAKE**

Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Charts Completed: [ ]		
Abuse: Witness or Victim:			Notes:		
Alternate health care provider:			MA Signature		

<b>INTERVAL HISTORY</b>	Has WIC: Yes / No	Physical activity:
Diet:	Breastfeed or Bottle	Stools:
Accidents:		Meds./Vits.:
Illnesses:		Exposure to tobacco smoke:
		TB Risk: Yes / No

<b>GROWTH-DEVELOPMENT:</b>	
[ ] Walks alone well	[ ] Feeds self
[ ] Takes lids off containers	[ ] Plays pat-a-cake
[ ] Holds cup to drink	[ ] Stoops and recovers
[ ] Dada, Mama specific	[ ] Scribbles
[ ] 3 word vocabulary	[ ] 2 block tower

**PARENTAL CONCERNS:**

<b>PHYSICAL EXAMINATION</b>	
General Appearance [ ] Well nourished and developed	Teeth [ ] Grossly normal
[ ] No abuse/neglect evident	Heart [ ] No murmurs, regular rhythm
Head [ ] Symmetrical, A.F. open ____ cm	Lungs [ ] Breath sounds normal bilaterally
Eyes [ ] Conjunctivae, sclerae, pupils normal	Abdomen [ ] Soft, no masses, liver & spleen normal
[ ] Red reflexes present	Genitalia: Male [ ] Normal appearance, circ./uncirc.
[ ] Appears to see [ ] No strabismus	[ ] Testes in scrotum
Ears [ ] Canals clear, TMs normal	Female [ ] No lesions, nl external appearances
[ ] Appears to hear	Hips [ ] Good abduction
Nose [ ] Passages patent	Femoral pulses [ ] Present and equal
Mouth & pharynx [ ] Normal color, no lesions	Extremities [ ] No deformities, full ROM
Neck [ ] Supple, no masses palpated	Skin [ ] Clear, no significant lesions
	Neurologic [ ] Alert, moves extremities well

**ASSESSMENT:**

**PLAN:**

<b>ORDERS:</b> [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given.	[ ] Hep A
[ ] MMR	[ ] Lead Blood Test (at 12 months)
[ ] DTaP	[ ] Influenza vaccine
[ ] IPV	[ ] Varicella
[ ] Hib	[ ] Prevnar
[ ] Hep B	[ ] HCT (between 9 to 12 months)
[ ] Fluoride varnish application	[ ] PPD
	[ ] Rx for fluoride .25/.50 mg QD, refill till age 2
	[ ] Refer to dentist at 1 year

**ANTICIPATORY GUIDANCE: Circle if discussed**

Diet: Table food, milk, junk food, using cup/bottle, encourage solids, no bottles in bed.

Behavior: Feeding self, simple games Education on Fluoride varnish treatment and dental referral starting at one year

Injury & Violence prevention: No hard objects or food the size of baby's pinky, toddler car seat, emergency care plan, smoke detector, drug and toxic chemical storage, poison center phone no., childproofing: safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp., drowning, street safety, gun in home, home first aid kit, matches, cabinets and latches, lead poisoning prevention.

Guidance: Explain temper tantrum, family play, masturbation, not ready for toilet training, shoes, bottle, toothbrush, treatment of minor cuts & bruises, childcare plan, sun screen.

[ ] Refer to appropriate agency.

[ ] Return for Hep A#2 in 6 months.

Next appointment [ ] 3 months or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_