

PEDIATRIC CONTINUITY CLINIC
AMBULATORY CARE CENTER
MEDICAL COLLEGE OF GEORGIA
AUGUSTA, GEORGIA

DATE: _____

12 MONTH CHECK-UP

Name and Number: _____
Weight: _____ %: _____ 9 Month weight: _____
Height: _____ %: _____ 9 Month height: _____
Head cir: _____ %: _____ 9 Month head circumference: _____

Pertinent Medical Interval History (Illnesses, medications, etc.):

Eating: If bottle, what formula; how many ounces taken per 24 hour period: _____
If breast how long per feed; how many feedings in 24 hour period: _____
What types of baby foods, how often, are table foods established: _____
ADVISE parents to: stop formula and start whole milk - not skim
limit juice to one or two small cups per day
encourage table foods; start to remove bottle

Sleeping: How long does the child sleep at night (expect 9-11 hours) _____
Does child sleep alone all night: Y _____ N _____

Development:

Does child pull up by himself from a sitting position Y _____ N _____
Does child respond to and try to mimic No-No and bye-bye Y _____ N _____
Does child finger feed with thumb and forefinger Y _____ N _____
Does child try to finger feed him/her self Y _____ N _____

GENERAL PHYSICAL EXAMINATION- STAR IF YES AND DESCRIBE BELOW

Pain Scale _____; Pain Score _____; Location: _____; MD Notified: _____; Initials: _____

	Normal		Normal	
	Y	N	Y	N
General Appearance	_____		Heart	_____
Alertness	_____		Abdomen	_____
HEENT- eyes straight	_____		Genitalia	_____
Red Reflex	_____		Hips	_____
Mouth	_____		Gait	_____
Neck	_____		Intoeing	_____
Lungs	_____		Neurological	_____

OTHER PERTINENT PHYSICAL FINDINGS:

ANTICIPATORY GUIDANCE - 12 MONTH CHECK-UP:

ASK FOLLOWING QUESTIONS AT LEAST ONCE BETWEEN 12 AND 18 MOS OLD

	YES	NO
Is there smoking in the house	_____	_____
Is there a smoke alarm on each level of the house	_____	_____
If guns are in the home are they locked up in a cabinet	_____	_____
Lead Poisoning risk factors:		
Home built before 1960	_____	_____
Has house built around then been renovated	_____	_____
Does a family member have increased exposure	_____	_____
Does a family member have elevated lead level	_____	_____
Did the child travel to the office in the a car seat	_____	_____
Does child lie down with bottle	_____	_____
Are plants and medications out of reach	_____	_____
Is child in day care	_____	_____
Is child exposed to swimming pool; if so is it safety proofed	_____	_____

Encourage Parents to:

- Talk to the baby while dressing, bathing or feeding
- Play music and read to your baby
- Establish a bedtime routine: always put baby in bed when awake

Developmental Milestones to expect by 15 months of age:

- Four to five word vocabulary
- Walks well unassisted, runs
- Attempts to spoon feed
- Behavior more difficult at times

IMPRESSIONS: 1. _____
2. _____

MEDICATIONS: 1. _____
2. _____

IMMUNIZATIONS: 1. _____ **MMR #1 (12 or 15 MO);**
3. _____ **IPV #3 (6-18 MONTHS)**

LABORATORY 1. _____ **Varicella Vaccine**
Lead level, Hgb, FEP

RETURN TO CLINIC: 15 mos of age

Continuity Clinic Resident: _____

Attending Note: _____

Signature of Attending: _____