

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

DATE: _____

AGE: 15 MONTH CHECK-UP

Weight: _____: %: _____
 Height: _____: % _____
 Head cir. _____: % _____

Name and number: _____
 Weight at 12 mos: _____
 Height at 12 mos: _____
 Head circum at 12 mos: _____

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

Eating: Is weaning from breast or bottle complete: Y_____N_____

Is whole milk being offered Y_____N_____

If breast-feeding, how often nurse each day: _____

Is the baby off baby foods yet Y_____N_____

Is the baby partially feeding himself or herself Y_____N_____

Encourage to not give any milk or juice from a bottle Y_____N_____

Sleeping: Is the baby taking two naps each day Y_____N_____

Does the baby sleep at least 7 straight hours at night Y_____N_____

Development: Does the baby have at least three to five words Y_____N_____

Is the baby walking and starting to run Y_____N_____

Does the baby know two body parts Y_____N_____

Does the child climb Y_____N_____

Where does the child sleep _____ Alone Y_____N_____

GENERAL PHYSICAL EXAMINATION - star if abnormal and describe below

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

	Normal		Normal	
	Y	N	Y	N
General Appearance	_____		Ribs	_____
Alertness	_____		Heart	_____
Hearing	_____		Abdomen	_____
Growth	_____		Genitalia	_____
HEENT	_____		Hips	_____
Neck	_____		Gait	_____
Lungs	_____		Intoeing	_____
Chest	_____		Neurological	_____

OTHER PERTINENT PHYSICAL FINDINGS:

**ANTICIPATORY GUIDANCE- 15 MONTH CHECK-UP:
ASK EACH QUESTION AT LEAST ONCE BETWEEN 12 AND 18 MONTHS OF AGE**

	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	_____	_____
Are plants and medications out of reach	_____	_____
Is child in day care	_____	_____

- Encourage Parents to:
- Continue to praise good behavior
 - Continue to use distraction and “time out” to set limits and discipline
 - Show affection to your child
 - Reinforce good sleeping habits
 - Play, read and talk to their child – this will improve language development

- Developmental Milestones to expect by 18 months of age:
- Walks and runs well. Has about 8-10 words that can be used in short phrases
 - Climbs up and down stairs holding on
 - Stands upright from a stooping position
 - Sleeps 10-11 continuous hours at night
 - Knows five body parts

IMPRESSIONS: 1. _____
2. _____

MEDICATIONS: 1. _____
2. _____

IMMUNIZATIONS 1. _____ **MMR #1 (12 or 15 mo)**
2. _____ **DtaP #4; HIB #4 (12 or 15 mo)**
Polio # 3; Prevnar #4
Hep B #3 (6-18 mo)
Varicella #1

LABORATORY: 1. _____
2. _____ **FEP, Hgb, Lead if not done 12 mos**

RETURN TO CLINIC: 18 months of age
Continuity Clinic Resident _____

Attending Note: _____

Signature of Attending: _____