



Name: _____ DOB: _____ Actual Age: _____
 Language Spoken _____ Interpreter Name _____
 Date: _____

12 - 15 MONTHS

NURSING INTAKE		
Height:	Weight:	H.C.:
Allergies:		Temp.:
Abuse: Witness or Victim:		Pulse:
Alternate health care provider:		Resp.:
INTERVAL HISTORY		Growth Charts Completed: []
Diet:	Has WIC: Yes / No	Notes:
Accidents:	Breastfeed or Bottle	MA Signature
Illnesses:	Physical activity:	
	Stools:	
	Meds./Vits.:	
	Exposure to tobacco smoke:	TB Risk: Yes / No
GROWTH-DEVELOPMENT:		
[] 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:		
PHYSICAL EXAMINATION		
General Appearance [] Well nourished and developed	Teeth [] Grossly normal	
Head [] No abuse/neglect evident	Heart [] No murmurs, regular rhythm	
Eyes [] Symmetrical, A.F. open ____ cm	Lungs [] Breath sounds normal bilaterally	
[] Red reflexes present	Abdomen [] Soft, no masses, liver & spleen normal	
[] Appears to see [] No strabismus	Genitalia: Male [] Normal appearance, circ./uncirc.	
Ears [] Canals clear, TMs normal	[] Testes in scrotum	
[] Appears to hear	Female [] No lesions, nl external appearances	
Nose [] Passages patent	Hips [] Good abduction	
Mouth & pharynx [] Normal color, no lesions	Femoral pulses [] Present and equal	
Neck [] Supple, no masses palpated	Extremities [] No deformities, full ROM	
	Skin [] Clear, no significant lesions	
	Neurologic [] Alert, moves extremities well	
ASSESSMENT:		
PLAN:		
ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given. [] Hep A		
[] MMR [] Lead Blood Test (at 12 months) [] Influenza vaccine	[] DTaP [] Varicella [] WIC Referral	[] IPV [] Prevnar [] Immunization registry entry
[] Hib [] HCT (between 9 to 12 months) [] Rx for fluoride .25/.50 mg QD, refill till age 2	[] Hep B [] PPD	[] Fluoride varnish application [] 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 _____