

WELL CHILD EXAM-EARLY CHILDHOOD: 18 Months

DATE

PATIENT NAME				DOB		SEX		PARENT NAME			
Allergies						Current Medications					
Prenatal/Family History						Chief Complaint					
Weight	Percentile	Length	Percentile	Wt. for length Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP	
	%		%	%		%					

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

☐ Whole milk, cup only

☐ Solids _____ servings per day

☐ City water ☐ Well water

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Sleep

☐ Normal (8 – 12 hours) ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures:

☐ Oral Health Risk Assessment

☐ Subjective Hearing -Parental observation/ concerns

☐ Subjective Vision -Parental observation/ concerns

Standardized Developmental Screening

☐ Completed

Tool Used _____

RESULTS: ☐ No Risk ☐ At Risk

Autism Screening

☐ Completed

RESULTS: ☐ No Risk ☐ At Risk

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk:

☐ IPPD _____ (result)

☐ Hct or Hgb _____ (result)

☐ Lead level _____ mcg/dl

Labs ☐ _____

Immunizations:

☐ Immunizations Reviewed, Given & Charted
– if not given, document rationale
(Refer to AAP immunization guidelines)

☐ Impactsis (OH registry) updated

☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Y ☐ N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate/teeth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

☐ Abnormal Findings and Comments

(see additional note area on next page)

Results of visit discussed with parent ☐ Y ☐ N

Plan

☐ History/Problem List/Meds Updated

☐ Fluoride Varnish Applied

☐ Referrals

☐ WIC ☐ Help Me Grow ☐ Dentist

☐ Children Special Health Care Needs

☐ Transportation ☐ Other _____

☐ Other _____

Anticipatory Guidance/Health Education
(✓ if discussed)

Safety

☐ Keep Poison Control number handy

☐ Appropriate car seat placed in back seat

☐ Parents use of seat belts

☐ Use stair gates, safety locks, window guards

☐ Childproof home - (window guards, cleaners, medicines, outlets, guns, dangling cords)

☐ Supervise near mowers, driveways, streets

☐ Smoke detectors, keep matches out of sight

☐ Check home for lead poisoning hazards

Nutrition

☐ Offer child a new food several times

☐ Let toddler decide what/how much to eat

☐ 3 nutritious meals, 2-3 healthy snacks

Oral Health

☐ Don't put toddler to bed with bottle

☐ Brush toddler's teeth w/soft toothbrush

Child Development and Behavior

☐ Set specific limits, be consistent

☐ Delay Toilet Training until child is ready

☐ May be anxious with new people/situations

☐ Interactive talking, playing, singing, reading

☐ Use simple clear phrases with your child

☐ Help child focus on another activity when upset

☐ Praise good behavior and accomplishments

☐ Use discipline to teach, not punish

Family Support and Relationships

☐ Keep family outings short and simple

☐ Allow older children their own space/ toys

☐ Help child express emotions appropriately

☐ Eat meals as a family

☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:

Next Well Check: 24 months of age

A standardized developmental and autism screening tool should be administered (Medicaid required & AAP recommended) at the 18 month visit.

For M-Chat autism screening tool, go to:
<http://www.firstsigns.org/downloads/m-chat.PDF>

Provider Signature: _____

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Developmental Questions and Observations

A standardized developmental and autism screening tool should be administered (Medicaid required and AAP recommended) at the 18 month visit.

Ask the parent to respond to the following statements about the toddler:

Yes No

☐ ☐ Please tell me any concerns about the way your toddler is behaving or developing:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler likes to be with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler is interested in people, places and things. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler shows different feelings. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler feeds self with fingers/spoon and drinks from a cup. |
| <input type="checkbox"/> | <input type="checkbox"/> | My toddler can stack 2 – 3 blocks. |

Ask the parent to respond to the following statements:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people who help me when I get frustrated with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am enjoying my time with my toddler. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time for myself, partner and friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel safe with my partner. |

Developmental Milestones

A standardized developmental and autism screening tool should be administered (Medicaid required) at the 18 month visit. (Medicaid required-Tool Used: _____). For M-CHATs Screening Tool go to <http://www.firstsigns.org/downloads/m-chat.PDF>. Always ask parents if they have concerns about development or behavior. In addition, the following should be observed:

Toddler Development			Parent Development		
Understands simple commands	Yes	No	Appropriately disciplines toddler	Yes	No
Walks well, stoops	Yes	No			
Says 3 – 10 words	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Indicates wants by pointing or gestures.	Yes	No			
Is able to transition from one activity to another throughout the day	Yes	No	Parent is loving toward toddler	Yes	No
Appears to have a secure and attached relationship with parent	Yes	No	Uses words to tell toddler what is coming next	Yes	No

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Child's Health at 18 Months

Milestones

Ways your child is developing between 18 and 24 months.

- Says phrases of at least two words
- Stacks five or six blocks
- Is curious and likes to explore people, places and things
- Protests and says, "NO!"
- Kicks and throws a ball
- Imitates adults
- Kisses and shows affection
- Follows two-step directions

For Help or More Information:

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at <http://www.cdc.gov/vaccines>.

For information about lead screening:

Medicaid Consumer Hotline-800.324.8680

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc or www.spectrum-health.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

For help finding childcare:

Bureau of Child Care and Development -800.886.3537
<http://www.odjfs.state.oh.us/cdc/query.asp>

If you're concerned about your child's development:

Contact Help Me Grow at 1-800-755-GROW (4769) or at www.ohiohelpmegrow.org/.

Parenting skills or support:

Call Cooperative Extension for classes-614. 688.5378

Support for families of children with special health care needs:

Children Special Health Care Services, Family phone line at 1-800-359-3722
Bureau for Children with Medical Handicaps, ODH
1-800-755-4769 (Parents). Visit the Website at:
<http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx>

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.safekids.org.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips:

Your child's check-ups will be spaced farther apart as your child gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your child has had all the shots he needs. If your child has missed some shots, make an appointment to get them soon. Your child needs all of the required shots to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer her a variety of healthy foods. Let her decide how much of each food to eat. Do not force her to finish food.

Your child needs two cups of milk or yogurt, or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips:

Name your child's feelings out loud – happy, sad or mad. Use words to tell her what is coming next. Your child can understand more words than she can say. Give your child simple choices. Example "squash or peas?"

Calmly set limits for your child by giving him something different to do. Praise him when he does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (<http://www.parenting.org/hotline/index.asp>). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while they are playing.

Your child may try to get out of her car seat. Avoid letting her get out, because then she will try again and again.

- If she tries, be firm, stop the car, and refuse to move until she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.