**Fifteen Months**

**Well Child Visit**

**History**

- **BF**: Previsit questionnaire reviewed
- **BF**: Child has a dental home
- **BF**: Child has special health care needs
- **BF**: Concerns/questions raised by ____________
  - None
  - Addressed (see other side)
- **BF**: Follow-up on previous concerns
  - None
  - Addressed (see other side)
- **BF**: Medication Record reviewed and updated

**Social/Family History**

- **BF**: Family situation
  - Single Parent
- **BF**: Parents working outside home
  - Mother
  - Father
- **BF**: Child care
  - Yes
  - No
  - Type ____________
- **BF**: Changes since last visit
  - ____________
- **BF**: Tobacco Exposure

**Physical Examination**

- **BF**: Reviewed w/Findings
- **BF**: Reviewed/Normal
- **BF**: General appearance
- **BF**: Skin
- **BF**: Head/Fontanelle
- **BF**: Ears/Appearances to hear
- **BF**: Nose
- **BF**: Mouth and throat
- **BF**: Eyes (red reflex, cover/uncover test)
- **BF**: TEETH (caries, white spots, staining)
- **BF**: Neck
- **BF**: Lungs
- **BF**: Heart
- **BF**: Femoral pulses
- **BF**: Abdomen
- **BF**: Genitalia
  - Male/Testes down
  - Female
- **BF**: Neurologic
  - Extremities/Hips
  - Musculoskeletal
  - Hygiene
  - Back
- **BF**: Comments 

**Review of Systems**

- **BF**: Date of last visit ____________
- **BF**: Changes since last visit 

**Nutrition**

- **BF**: Breast
- **BF**: Bottle
- **BF**: Cup
  - Milk (24oz/day) ____________ Ounces per day ____________
  - Solid Foods
  - Juice
  - Meals ____________ times/day ____________
  - Nutrition, balanced, eats with family
  - Source of water ____________ Vitamins/Fluoride ____________

**Elimination**

- **BF**: NL

**Sleep**

- **BF**: NL

**Behavior**

- **BF**: NL

**Development (if not reviewed in Previsit Questionnaire)**

- **BF**: Physical development
  - Bends down without falling
  - Walks well
  - Puts blocks in a cup
  - Drinks from a cup with.

- **BF**: Communicative
  - Says 2 to 3 words
  - Brings toys over to show you
  - Social-emotional
  - Tries to do what you do
  - Helps in the house
  - Listens to a story

- **BF**: Cognitive
  - Scribbles
  - Follows simple commands

**Assessment**

- **BF**: Well Child

**Anticipatory Guidance**

- **BF**: Discussed and/or handout given
- **BF**: Identified at least one child and parent strength
- **BF**: Keep home/car smoke free

- **BF**: COMMUNICATION AND SOCIAL DEVELOPMENT
  - Give limited choices
  - Stranger anxiety
  - Read and talk with child

- **BF**: Sleep routines and issues
  - Consistent routines
  - Night waking

- **BF**: Temper tantrums and discipline
  - Distraction
  - Praise
  - Consistency

- **BF**: Healthy teeth
  - First dentist visit
  - Healthy oral habits
  - No bottle

- **BF**: Safety
  - Car safety seat (infar rear facing)
  - Poisons
  - Burns
  - Smoke detectors
  - Carbon Monoxide detectors
  - Home safety
  - Falls

(see other side for plan, immunizations and follow-up)
**Fifteen Months**

**WELL CHILD VISIT**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Male</th>
<th>Female</th>
<th>Medical Record Number</th>
<th>DOB</th>
</tr>
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**Current Medications**

**Plan**

<table>
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<tr>
<th>BF</th>
<th>Patient is up to date, based on CDC/ACIP immunization schedule.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
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If no, immunizations given today.

ImmPact2 record reflects current immunization status:

| ☐ Immunization plan/comments |
|                             |

Ask about WIC

<table>
<thead>
<tr>
<th>BF</th>
<th>Laboratory/Screening results</th>
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<tbody>
<tr>
<td></td>
<td>Hearing screen</td>
</tr>
<tr>
<td></td>
<td>☐ Previously done Date completed</td>
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</tbody>
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PPD / Lead* / Anemia**

| ☐ PPD done (if exposure risk) / date done / / / |
| ☐ PPD result if done ☐ Neg ☐ Pos |

PPD plan/comments

| ☐ Lead drawn in office |
|                        |

| ☐ Lead test ordered / date done / / / |
| Lead results |
| Lead range ☐ <10 ☐ 10-14 ☐ 15-19 ☐ >19 |

| ☐ Lead plan/comments |
|                      |

| ☐ Hgb/Hct ordered / date done / / / Hgb/Hct result: Hgb Hct Referral at 6 months if still anemic |
| Hgb/Hct plan/comments |

| ☐ Hgb/Hct results shared with WIC |

*All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.

**WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months). If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.

**Narrative Notes:**

**EXAMINER'S SIGNATURE**

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