### Eighteen Months

<table>
<thead>
<tr>
<th>WELL CHILD VISIT</th>
<th>Revised August 2020</th>
</tr>
</thead>
</table>

#### Name

<table>
<thead>
<tr>
<th>BIRTH DATE</th>
<th>ACCOMPANIED BY/INFOMANT</th>
<th>PREFERRED LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>CURRENT MEDICATIONS</th>
<th>DRUG ALLERGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See other side for current medication list</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEIGHT (%)</th>
<th>HEIGHT (%)</th>
<th>BMI (%)</th>
<th>BMI RANGE:</th>
<th>HEAD CIRC (%)</th>
<th>TEMPERATURE</th>
<th>DATE/TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>≤5% (under)</td>
<td>≥99% (obese)</td>
<td>≥5% (healthy)</td>
<td>≤85% (under)</td>
</tr>
</tbody>
</table>

#### History

- **BF** Child has special health care needs
- **BF** Previsit Questionnaire reviewed
- **BF** Child has a dental home

#### Social/Family History

- **BF** Family situation: Single Parent
- **BF** Parents working outside home: Mother, Father

#### Review of Systems

- **BF** Tobacco Exposure

#### Physical Examination

- **BF** Head/Foamelle
- **BF** Skin (nevi, café au lait, bruising)
- **BF** Eyes (red reflex, cover/uncover test)
- **BF** Ears/appears to hear
- **BF** Nose
- **BF** Mouth and throat
- **BF** Teeth (caries, white spots, staining)
- **BF** Neck
- **BF** Lungs
- **BF** Heart
- **BF** Fetal pulses
- **BF** Abdomen
- **BF** Genitalia
- **BF** Neurologic (gait, coordination)
- **BF** Extremities/hips
- **BF** Musculoskeletal
- **BF** Hygiene
- **BF** Higiene
- **BF** Back

#### Assessment

- **BF** Well Child

#### Anticipatory Guidance

- **BF** Family support
- **BF** Child development and behavior
- **BF** Safety

#### Bright Futures Priority Item

- See growth chart

---

*Points* *Uses* *Runs* *Speaks* *Brings* *Laughs in response to others

- **BF** Autism-specific screen
- **BF** Developmental Screening Tool
- **BF** Structured developmental screen
- **BF** Developmental Screening Tool

- **BF** ASQ score
- **BF** Peds score
- **BF** Autism-specific screen
- **BF** MCHAT Part I score
- **BF** MCHAT Part II (only if part I fails) score
- **BF** Physical Development
- **BF** Communicative
- **BF** Cognitive

- **BF** Family time
- **BF** Time for self and other children
- **BF** Reinforce limits
- **BF** Prepare for new sibling (if necessary)
- **BF** Toilet training readiness
- **BF** Wait until child is ready
- **BF** Reading books/praise

- **BF** Car safety seat
- **BF** Infant rear facing
- **BF** Poisons
- **BF** Burns
- **BF** Smoke detectors
- **BF** Guns
- **BF** Falls
Eighteen Months WELL CHILD VISIT

| NAME | Male | Female | Medical Record Number | DOB
|------|------|--------|-----------------------|------
|      |      |        |                       | Actual age (months): 0 17 0 18 0 19 0 20 |

Current Medications

---

Plan

**BF** Patient is up to date, based on CDC/ACIP immunization schedule.  
If no, immunizations given today.  
ImmmPact2 record reflects current immunization status:

- [ ] Immunization plan/comments
- [ ] Ask about WIC

**Oral Health**

- [ ] Oral health risk assessment  
- [ ] Completed  
- [ ] Low  
- [ ] Mod  
- [ ] High

- [ ] Has a dental home
- [ ] Dental fluoride varnish applied
- [ ] Dental Visit in Past Year
- [ ] Well water testing

**MaineCare Member Support Requested**

- [ ] Transportation to appointments
- [ ] Find dentist
- [ ] Find other provider
- [ ] Make doctor’s appointment
- [ ] Public Health Nurse referral
- [ ] Family aware

**Laboratory/Screening results**

- [ ] Hearing screen  
  - [ ] Previously done  
  - [ ] Date completed
- [ ] PPD done* / Anemia**
  - [ ] PPD done (if exposure risk)  
  - [ ] Date done
  - [ ] Neg  
  - [ ] Pos
- [ ] PPD result if done
- [ ] 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:  
  - [ ] 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:**

---

**State of Maine Department of Health and Human Services**