

15 MONTH WELL CHILD EXAM

NAME: Portner Cassidy VISIT DATE: 5/4/00 DOB: 2/4/89
 I.D. #: 67216061A Physician: C. GLOSS Actual Age: 15 Months
 (Medicaid/Ins)

KEY: Mark NI if normal, Ab if abnormal, or Y if yes, N if no, or ✓, if item done

(1) HISTORY		(2) PHYSICAL EXAM		(3) IMMUNIZATIONS GIVEN		
	NI	Ab	NI	Ab	Y	N
1. General health	NI	Ab				
2. Illnesses/Injuries	NI	Ab	12. WT <u>23.10</u> <u>75</u> %		33. HIB # 3 or # 4	
3. Stools/urine	NI	Ab	13. HT <u>30.6</u> <u>75</u> %		34. DTP # 4	
4. Diet	NI	Ab	14. WT/HT		35. Hep B # 3	
5. Feeding problems	Y	NI	15. HC <u>46.2</u> <u>50</u> %		36. MMR	
breastfeeding _____ x/day			16. Skin		37. Varicella	
milk _____ oz/day			17. Head		38. Other _____	
meals _____ x/day			18. Eyes		39. Up to date? <u>NI</u>	Y
wean to a cup <u>stop</u>			19. Hearing			
6. Vitamins	NI	Ab	20. Ears [TM]		(6) KEY ANTICIPATORY GUIDANCE	
7. Fluoride (water, Rx)	Y	N	21. Throat-nose		✓	* = key items
8. Family nutrition, balanced	NI	Ab	22. Teeth (caries, btd)			*52. Supervise constantly near hazards
9. Family status	NI	Ab	23. Neck			*53. Offer variety of nutritious foods
10. Smoke free environment	Y	N	24. Lungs			*54. Child proof home: poisons, matches, meds, alcohol, outlets, stairway gates, window guards
11. Child care plans	Y	N	25. Heart, pulses			55. Toddler car seat in back
(5) DEVELOPMENTAL MILESTONES			26. Abdomen			*56. Caution around animals
	Y	N	27. Genitalia			57. Test smoke detectors
42. Vocabulary 3 - 6 + words	✓		28. Muse/Skel			58. Keep home/car smokefree
43. Listens to story	✓		29. Gait			59. Avoid balloons/small/sharp objects
44. Points to one or more body parts	✓		30. Neuro			60. Ensure water/playground safety
45. Gestures what they want	✓		31. Extremities			61. Sun exposure/sunscreen
46. Understands simple commands	✓		32. General hygiene			62. Ipecac, Poison Control #
47. Walks, stoops, climbs stairs	✓		(4) SCREENING			63. CPR training
48. Stacks blocks	✓		40. Blood lead test (if not previously done)	NI	Ab	64. Encourage cup drinking
49. Feeds self with fingers <u>spoon</u>	✓		Blood lead test if on Medicaid,			65. Encourage self-feeding
50. Drinks from a cup	✓		WIC, etc. or at risk:	Y	N	66. Avoid choking/risk foods
51. Social play	✓		• lives in pre-1960 housing	Y	N	67. Brush teeth with little or no toothpaste
<u>Hosp / Surg / med's & AHA</u>			• lives in pre-1978 housing with renovations within 6 months	Y	N	68. Keep bedtime routines
			• lead poisoned sibling/playmate	Y	N	69. Praise good behavior
			41. Do PPD (if exposure risk)	Y	N	70. Read, sing, play together
			If done, result	Y	N	71. Stove/fireplace safety
				Neg	Pos	72. Childcare/Daycare
						73. No punitive toilet training

ASSESSMENT/ABNORMALS (Use reference numbers) PLAN EPSDT only: Child needs assistance for follow up for testing/treatment Y N

WHA. of Meds. Eats + sleeps good. of Problems.
Drop MMR' HTB'
will child up

PHYSICIAN SIGNATURE: [Signature] RTC in 3 months DATE: 5/9/00