18 MONTH WELL CHILD EXAM

NAME: Bortner, Kassidy	VISIT DATE: 8/10/00	DOB: 2/4/99
I.D. #: (Medicaid/Ins) 672160601A	Physician: ID #: G Glass Adrienne Platt	Actual Age: 18 Months

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

(1) HISTORY

1. General health	~~Nl~~	Ab
2. Illnesses	Y	~~N~~
3. Sleeping/nap	~~Y~~	N
4. Feeding	~~Nl~~	Ab
breastfeeding ______ x/day	Y	N
milk ______ /day (24oz /day)		
5. Balanced diet	~~Y~~	N
6. Vitamins/supplements/Fe	Y	N
7. Fluoride Pere. decay	Y	N
8. Stools	~~Nl~~	Ab
9. Urine	~~Nl~~	Ab
10. Family status	~~Nl~~	Ab
11. Smoke free environment	~~Y~~	N
12. Child care plans	~~Y~~	N

NKDA

(2) PHYSICAL EXAM

	Nl	Ab
13. WT ~~22¾~~ 23 3/½ , 50 %		
14. HT 34½ , 100 %		
15. HC 47¼ , 60 %		
16. Skin		
17. Head, fontanel		
18. Eyes		
19. Hearing		
20. Ears [TM], Throat, Nose		
21 Teeth decay		
22. Neck		
23. Lungs		
24. Heart, pulses		
25. Abdomen		
26. Genitalia		
27. Musc/Skel		
28. (Gait) toeing in		
29. Neuro		
30. Extremities		
31. General hygiene		

(3) IMMUNIZATIONS GIVEN

if not done	Y	N
32. Hep B # 3		
33. Varicella		
34. IPV # 3		
35. OPV # 3		
36. DTaP , DTP # 4		
37. Up to date?		

(5) DEVELOPMENTAL MILESTONES

	Y	N
40 Confident walk	✓	
41. Walk backwards	✓	
42. Throw ball	✓	
43. Vocab 15-20 words	✓	
44. Imitates words	✓	
45. 2-word phrases	✓	
46. Stacks 3 or 4 blocks	✓	
47. Uses spoon and cup	✓	
48. Shows affection	✓	
49. Follows simple directions	✓	
50. Scribbles	✓	
51. Points to some body parts	✓	
52. Can remove clothing	✓	

turns feet inward

(4) SCREENING

	Y	N
38. If no previous lead test done, Blood lead test if on Medicaid, WIC, etc., or at risk:	Y	N
• lives in pre-1960 housing	Y	N
• lives in pre-1978 housing with renovations within 6 months	Y	N
• lead poisoned sibling/playmate	Y	N
39. Do PPD (if exposure risk)	Y	N
If done, result	Neg	Pos

(6) KEY ANTICIPATORY GUIDANCE

✓	* = Key items
✓	*53. Child oriented routines
✓	*54. Never leave child alone in car/home
✓	55. Smoke detectors
✓	56. Keep home/car smoke-free
✓	57. Toddler car seat in back
	58. Ensure water/playground safety
✓	59. Supervise constantly near hazards
✓	60. Cautions about pets
	61. Sun exposure/sunscreen
✓	62. Child proof home: poisons, matches, meds, alcohol, outlets, stairway gates, window guards
	63. Ipecac, Poison Control #
	64. Encourage self-feeding, cup use
	65. Avoid choking/risk foods
	66. Eat with family, highchair/booster
	67. Snacks low in sugar
	68. Continue teeth brushing
	69. Read, sing, talk with child
	70. Help them express feelings
	71. Model appropriate language
	72. Anger/temper tantrums
	73. Nightmares, night awakenings, fears
	74. Consistent limits/praise good behavior
	75. Ask about Medicaid/WIC

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

NKA to meds. ∅ meds currently
all solids. Whole milk 4-8 oz cups a day
1 nap 2½ hrs afternoon

WRT ® index finger

at home mom, 2 aunts grandma
2 bro's

History of ... wears daily ...

(refusal to orthotics)

PHYSICIAN SIGNATURE: [signature] RTC in 6 months DATE: 8/10/00

DISTRIBUTION: Original is Provider's copy Yellow is EPSDT copy

BF19 0698