

**SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 12 MONTHS**

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____

Other _____

PRESENT HISTORY

Medications: _____

Diet:

Milk _____

Cup/Weaning _____

Solids/Food groups _____

Self-feeding _____

Elimination _____

Sleep/Naps _____

Dental _____

DEVELOPMENT

Cruises/Stands alone/Walks _____

Speech (2-4 words) _____

Patty Cake/Waves bye-bye _____

SOCIAL/FAMILY

Parents/Caregiver Smoker Yes No _____

Behavior/Discipline _____

Stranger Anxiety _____

Other _____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ % _____ Weight _____ % _____

HC _____ % _____ Temp _____ Pulse _____ RR _____ Pain _____

N AB

COMMENTS

- Gen. Appearance _____
- Skin _____
- Head/Fontanel _____
- Eyes/RR/Strabismus _____
- Ears/Nose/Oropharynx _____
- Neck/Nodes _____
- Chest/Lungs _____
- Cardiovascular/Pulses _____
- Abdomen _____
- Genitalia _____
- Musculoskeletal/Hips _____
- Neuro/Reflexes _____
- Hearing _____
- Vision _____

ANTICIPATORY GUIDANCE

Diet

- Meal Structure Choking
- Whole Milk (16-24oz.) Drowning/water safety
- Healthy Snacks Climbing
- Limit juice
- Basic four/balance

Development

- Language stim/reading
- TV: watch with child
- Separation/transitional object
- Time out/Time in

Medical Education

- Review immunizations
- Acetaminophen dose
- No smoking
- Poison Control #
- Telephone

Injury Prevention

- Car Seat

Dental Education

- Discontinue bottle
- Clean teeth

LABS:

- Hgb/Hct _____ Lead (Risk Factors Yes No)
- Tb Skin Test _____ (Risk Factors Yes No)

IMMUNIZATIONS: Varicella MMR Hep A

Other _____
 Vaccine Information Sheet given & discussed
 Vaccine concerns? No Yes: Resolved Deferred Refused
 Comments _____

If vaccines not given, form signed? No Yes

ASSESSMENT/RECOMMENDATIONS:

- Healthy infant _____
- _____
- Return for 15 month checkup

_____, M.D.

SICK VISIT – Mod 25
 CC:
 HPI:
 MDM:
 >50% of _____ min visit spent counseling