

SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 15 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: _____
 Whole milk _____
 Cup/weaning _____
 Solids _____
 Self-feeding _____
Elimination _____
Sleep/Naps _____
Dental _____

DEVELOPMENT

Cruises/Stands alone/Walks _____
Speech (2-4 words) _____
Patty Cake/Waves bye-bye _____

SOCIAL

Behavior/Discipline _____

Family

Smoke Exposure Yes No
Child Care _____
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

- Off bottle
- Limit juice
- Whole Milk (16-32oz.)
- Healthy Snacks
- Basic four/balance
- Choking
- Drowning/water safety
- Climbing

Medical Education

- Language stim/reading
- TV: limit time/watch with child
- Separation/transitional object
- Time out/Time in
- Toilet training
- Review immunizations
- Acetaminophen dose
- No smoking
- Poison Control #933-4050
- Telephone

Injury Prevention

- Toddler car Seat
- Discontinue bottle
- Clean teeth

Dental Education

IMMUNIZATIONS: DTaP Hib 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 toddler _____
- Return for 18 month checkup _____

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling

_____, M.D.