

**SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 18 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 _____
 Solids / Food Groups _____
 Elimination _____
 Sleep/Naps _____
 Dental _____

DEVELOPMENT

Walks well _____
 Throws ball _____
 Speech (15-20 words) _____
 Points to body parts _____
 Stacks/Scribbles _____
 Follows directions _____

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

- Appetite reduction
- Limit juice
- Balanced meals TID
- Healthy Snacks
- Drowning/water safety
- No unsupervised play
- Fire safety/burns/scalds

Development

- Speech stimulation
- Approp. Books & Toys
- Discipline/consistency
- Plays games (hide & seek, dance)
- Toilet training when ready
- Review immunizations
- Acetaminophen dose
- No smoking
- Poison Control #933-4050
- Telephone

Injury Prevention

- Toddler car Seat
- Poisons

Dental Education

- No bottle
- Brushing
- Dental Referral

LABS: Hgb / Lead (if not done) _____

IMMUNIZATIONS: Hep A Varicella Pevnar

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 24 month checkup _____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling