

**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 _____

Bowel movements _____

Sleep/Naps _____

Dental _____

SOCIAL

Behavior/Discipline _____

Daily screen time _____

Family

Smoke Exposure Yes No

Child Care _____

Other _____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ % _____ Weight _____ % _____

HC _____ % _____ Temp _____ Pulse _____ RR _____

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

Medical Education

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

Injury Prevention

- Toddler car Seat
- Poisons

Dental Education

- No bottle
- Brushing
- Dental Referral

LABS: Hgb / Lead (if not done) _____

IMMUNIZATIONS:

- 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.

ASQ FORM:

REVIEWED

RESULTS: N AB

REFERRED _____

M-CHAT FORM:

REVIEWED

RESULTS: N AB

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling