

# Well Child Exam

Infancy: 12 months



Date									
Patient Name				DOB		Sex		Parent Name	
Allergies					Current Medications				
Prenatal / Family History								Ethnicity	
Weight	Percentile	Length	Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

**Interval History**  
(include injury/illness, visits to other health care providers, changes in family or home)

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**Nutrition**

Breast every \_\_\_\_\_ hours

Formula \_\_\_\_\_ oz. every \_\_\_\_\_ hours With iron Y  N

Type or brand \_\_\_\_\_

City water  Well water  Fluoride Rx

**Elimination**

Normal  Abnormal

**Sleep**

Normal (8-12 hours)  Abnormal

Abnormal Findings and Comments

If yes, see additional note area on next page

**Screening**

**Hearing**

Responds to voice & noise (parent report)

Responds to noisemaker (optional)

Parental observation/concerns

**Vision**

Ability to fix and follow, alternate occlusion, corneal light, red reflex

Parental observation/concerns

**Lead Poisoning**

Test date \_\_\_\_\_  Lead level \_\_\_\_\_ mcg/dl (required for Medicaid)

Hct or Hgb \_\_\_\_\_ (required for Medicaid if not done at 9-month visit)

**Developmental Surveillance**

Social-emotional  Communicative

Cognitive  Physical development

**Psychosocial/Behavioral assessment**

Y  N

**Screening for abuse**  Y  N

IPPD \_\_\_\_\_ (result)

Oral health risk assessment

**Immunizations**

Immunizations Reviewed, Given, & Charted – *if not given, document rationale*

DTaP  IPV  HepA  HepB  Hib  PCV

MMR  Varicella or Chicken Pox Date: \_\_\_\_\_

MCIR checked/updated  VIS given  Influenza

Acetaminophen \_\_\_\_\_ mg. q. 4 hours

WIC  Y  N ISS  Y  N

Patient unclothed  Y  N

Review of Symptoms		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes/rash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/Hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments

If yes, see additional note area on next page

Results of visit discussed with parent  Y  N

Plan

History/Problem List/Meds Updated

Fluoride varnish applied

Referrals

WIC  Early On  Transportation

Children Special Health Care Needs  Dentist

Priority Health Case Mgmt 800 998-1037

Other \_\_\_\_\_

**Developmental Questions and Observations on Page 2**

**Next Well Check: 15-18 months of age**

Provider Signature: \_\_\_\_\_

X \_\_\_\_\_

**Anticipatory Guidance / Health Education**  
(√ if discussed)

**Healthy and Safe Habits**

**Injury and Illness Prevention**

Keep home and car smoke-free

Keep Poison Control number handy

Appropriate car seat placed in back seat

Pool/tub/water safety

Don't leave heavy objects, hot liquids on tablecloths

Use stair gates, safety locks, window guards

Childproof home (dangling cords, poisons, medicines, outlets, guns, smoke detectors)

Watch near pets, mowers, driveways, streets

Limit time in sun, use hat/sunscreen

Check home for lead poisoning hazards

Avoid or limit TV viewing

**Nutrition**

Discuss weaning, use whole milk

Toddler should drink from cup

Avoid choke foods, limit sugar

Self feeding

3 nutritious meals, 2-3 healthy snacks daily

Let child experiment with food, don't force eating, may have drop in appetite

**Oral Health**

Don't put toddler to bed with bottle

If using bottle, offer only water

Discuss fluoride

Brush toddler's teeth with a soft toothbrush and water

Schedule first dental exam

**Social Competence**

Set simple limits (e.g., use distraction)

Delay toilet training

Interactive talking, singing, and reading

Expect curiosity about genitals

Daily/bedtime routine (put to bed awake)

Encourage safe exploration

Praise good behavior

Discourage hitting, biting, aggressive behavior

**Family Support and Relationships**

Special relationships with parents/caregivers

Encourage trusting relationships

Set examples and use simple words to discipline — don't yell at, hit or shake baby

Young siblings should not supervise toddler

Family planning

Limit caregivers and choose them carefully

Substance abuse, domestic violence, depression

Hold and cuddle child

**Community Interaction**

Discuss early intervention programs needed

Date	Patient Name	DOB
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**Developmental Questions and Observations**

Ask the parent to respond to the following statements about the toddler:

Yes      No

- Please tell me any concerns about the way your toddler is behaving or developing:

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- My toddler likes to be with me.
- My toddler is interested in people, places, and things.
- My toddler shows different feelings.
- My toddler drinks from a cup.
- My toddler eats a variety of foods.
- My toddler can make sounds.
- My toddler pulls self to standing position.

Ask the parent to respond to the following statements:

Yes      No

- I am sad more often than I am happy.
- I have people who help me when I get frustrated with my toddler.
- I am enjoying my time with my toddler.
- I have time for myself, partner, and friends.
- I feel safe with my partner.

Provider to follow up as necessary.

**Developmental Milestones**

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Toddler Development			Parent Development		
Stands alone 2 seconds or more	Yes	No	Appropriately disciplines toddler	Yes	No
Walks with help	Yes	No	Positively talks, listens, and responds to toddler	Yes	No
Says "Dada or Mama" specifically	Yes	No	Parent is loving toward toddler	Yes	No
Responds to No	Yes	No	Uses words to tell toddler what is coming next	Yes	No
Precise pincer grasp	Yes	No	Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. <i>(Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)</i>		
Indicates wants by pointing or gestures	Yes	No			
Is able to transition from one activity to another throughout the day	Yes	No			
Appears to have a secure, attached relationship with parent	Yes	No			

**Additional notes from pages 1 and 2:**

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**Family History Update**

Since your last visit, have there been any changes in your family history? Include:

- Deaths: who \_\_\_\_\_ what age \_\_\_\_\_
- New medical diagnosis: who \_\_\_\_\_ what age \_\_\_\_\_
- Anything else in your family history you have concerns or questions with: (Refer to Family History form)

**Staff Signature: X** \_\_\_\_\_ **Provider Signature: X** \_\_\_\_\_

# Patient education

Infancy: 12 months

## Milestones: Ways your child is developing between 12 and 18 months

- Speaks more and more words: 3-10 words by 15 months; 15-20 words by 18 months
- Stacks two or three blocks
- Walks well, climbs steps with help, follows simple directions
- Knows names of some body parts (such as eyes, ears, and nose) and can point to them
- Is curious and likes to explore people, places, and things
- Plays beside other children, touches, hugs, and kisses
- Protests and says, "NO!"
- Follows simple directions

## Safety Tips

- Your child should ride in a rear-facing child safety seat in the back seat of the vehicle as long as possible. He/she should be at least 12 months old AND weigh at least 20 pounds before he/she is placed in a forward-facing toddler car seat.
- As your child learns to walk and climb, make sure your house is safe to explore. Keep the floor clean, lock poisons up, put things that break on a high shelf, and keep gates closed on stairs.
- Your child can choke on small objects. Keep small, hard, round objects (coins, small blocks) out of reach. Avoid giving round pieces of food, such as hot dog slices, grapes, or nuts to eat. Learn how to do the Heimlich maneuver.

## Health Tips

- Make sure your child gets his/her immunizations on time to protect him/her from many serious diseases. If your child has missed any "shots," make an appointment to catch up.
- Your child should be eating different kinds of healthy foods. Eating small pieces of soft table food can give your child the nutrition he/she needs.
- Let your child drink from a cup.
- Brush your child's teeth at least once a day. Start to use a tiny pea-sized piece of toothpaste with fluoride. Take your child for his/her first dental checkup.
- Call your child's doctor or nurse before your next visit if you have any questions or concerns about your toddler's health, growth, or development.
- Be sure to schedule your baby's well-child visits at 15 months of age.
- Ask your doctor to test your child for lead poisoning at 12 & 24 months of age.

## Parenting Tips

- Play, read, and talk with your child every day. Repeat songs and nursery rhymes that he/she likes.
- Name child's feelings out loud – happy, sad, or mad. Use words to tell child what is coming next. Your child can understand more words than he/she can say. Give child simple choices. For example, "squash or peas?"
- Calmly set limits to keep child safe by giving your child something different to do. Praise your child when he/she does things that you like.
- When you are a parent you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:
  - Make sure your child is in a safe place (like a crib) and walk away.
  - Call a good friend to talk about what you are feeling.
  - Call the Parent Helpline at 800 942-4357 (in Michigan). It's free! They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

## For Help or More Information

### Priority Health

Customer Service 616 942-1221 or 800 446-5674  
 Medicaid 888 975-8102  
 Behavioral Health 616 464-8500 or 800 673-8043  
[priorityhealth.com](http://priorityhealth.com)

### Depression

Surrounding pregnancy and childbirth  
[www.depressionafterdelivery.com/Home.asp](http://www.depressionafterdelivery.com/Home.asp)

### Domestic Violence

National Domestic Violence Hotline  
 800 799-SAFE (7233) or online at [www.ndvh.org](http://www.ndvh.org)

### Health and Nutrition Program

Women, Infant, and Children (WIC) Program  
 800 262-4784

### The National Women's Health Information Center Breastfeeding Helpline

800 994-WOMAN (9662)  
[www.4woman.gov/breastfeeding](http://www.4woman.gov/breastfeeding)  
 LA LECHE League 847 519-7730  
[www.lalecheleague.org](http://www.lalecheleague.org)

### Special Health Care Needs

Children Special Health Care Services  
 MDCH Family 800 359-3722 or online at  
[www.mdch.state.mi.us/msa/mdch\\_msa/cshcs.htm](http://www.mdch.state.mi.us/msa/mdch_msa/cshcs.htm)

### Childhood Development

Early On Michigan 800 327-5966  
 Michigan Head Start Association 517 374-6472  
 Project Find 800 252-0052 or online at  
[www.projectfindmichigan.org](http://www.projectfindmichigan.org)

### Parenting Skills or Support

Parents Hotline 800 942-4357  
 Family Support Network of Michigan 800 359-3722

### Childcare

Child Care Licensing Agency, Michigan Department of  
 Consumer & Industry Services 866 685-0006 or online at  
[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)

### Childhood Immunizations

National Immunization Program Hotlines  
 800 232-2522 (English) or 800 232-0233 (Spanish)  
 or online at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

### Lead Screening

Michigan Department of Community Health Hotline  
 800 648-6942  
 Michigan Bridges for Kids [www.bridges4kids.org/lead.html](http://www.bridges4kids.org/lead.html)  
 Lead Poisoning Prevention Project 517 335-8885

### Prevention of Unintentional Childhood Injuries

National Safe Kids Campaign 202 662-0600  
[www.usa.safekids.org](http://www.usa.safekids.org)

### Car Seat Safety

Auto Safety Hotline 888 327-4236  
 To locate a Child Safety Seat Inspection Station, call 866  
 SEATCHECK (732-8243) or online at  
[www.seatcheck.org](http://www.seatcheck.org)

### Poison Prevention

Call the Poison Control Center  
 800 222-1222 or online at [www.mitoxic.org/pcc](http://www.mitoxic.org/pcc) or  
[www.spectrum-health.org](http://www.spectrum-health.org)