

NAME:
DOB:
GENDER: MALE FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

HISTORY

See new patient history form

INTERVAL HISTORY:

NKDA Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y N
Findings:

DEVELOPMENTAL SURVEILLANCE:

- Gross and fine motor development
- Communication skills/language development
- Self-help/care skills
- Social, emotional development
- Cognitive development
- Mental health

NUTRITION*:

Breast Bottle Cup
Milk (%): _____ Ounces per day: _____
Solid foods: _____
Juice: _____
Water source: _____ Fluoride: Y N

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

Up-to-date
Deferred - Reason:

Given today: DTaP Hep A Hep B Hib IPV
 MMR PCV Meningococcal* Varicella
 MMRV Hib-Hep B DTaP-Hib
 DTaP-IPV-Hep B DTaP-IPV/Hib Influenza

**Special populations: See ACIP*

LABORATORY

Tests ordered today:

UNCLOTHED PHYSICAL EXAM

See growth graph

Weight: _____ (_____ %) Length: _____ (_____ %)
Head Circumference: _____ (_____ %)
Heart Rate: _____ Respiratory Rate: _____
Temperature (optional): _____

Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

Appearance	Mouth/throat	Genitalia
Head/fontanelles	Teeth	Extremities
Skin	Neck	Back
Eyes	Heart/pulses	Musculoskeletal
Ears	Lungs	Hips
Nose	Abdomen	Neurological

Abnormal findings:

SENSORY SCREENING:

Subjective Vision Screening: P F
Subjective Hearing Screening: P F

HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

Selected health topics addressed in any of the following areas*:

- Development/Communication • Nutrition
- Behaviors/Discipline • Safety
- Routines

**See Bright Futures for assistance*

ASSESSMENT**PLAN/REFERRALS**

Referral(s):

Return to office:

Signature/title

Signature/title

Name:

Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

15 Month Checkup

- Lead risk assessment*
- Encourage supervised outdoor play
- Establish consistent limits/rules and consistent consequences
- Separation anxiety common at this age
- Discipline constructively using time-out for 1 minute/ year of age
- Limit TV time to 1-2 hours/day
- Make 1:1 time for each child in family
- Praise good behavior
- Promote language using simple words
- Provide age-appropriate toys
- Provide favorite toy for self-soothing during sleep time
- Read books and talk about pictures/story using simple words
- Use distraction or choice of 2 appropriate options to avoid/resolve conflicts
- No bottle in bed
- Provide nutritious 3 meals and 2 snacks; limit sweets/ high-fat foods
- Home safety for fire/carbon monoxide poisoning, stair/window gates, electrical outlet covers
- Lock up guns
- No shaking baby (Shaken Baby Syndrome)
- Provide safe/quality day care, if needed
- Supervise within arm's length when near water/do not leave alone in bath water
- Use of front-facing car seat in back seat of car if >20 pounds
- Establish consistent bedtime routine
- Establish routine and assist with tooth brushing with soft brush twice a day
- Maintain consistent family routine

HEARING CHECKLIST FOR PARENTS (OPTIONAL)

	Yes	No
Ages 12 to 18 months		<ul style="list-style-type: none"> Points to body parts (hair, eyes, nose, mouth) when asked to Brings objects to you when asked Hears and identifies sounds coming from another room or from outside Gives one-word answers to questions Imitates many new words Uses words of more than one syllable with meaning ("bottle") Speaks 10 to 20 words

***LEAD RISK FACTORS**

Perform a blood lead test if parent/caretaker answers "Yes/Don't Know" to any of the questions below.	Don't know	
	Yes	No
• Child lives in or visits a home, day care, or other building built before 1978 or undergoing repair	<input type="checkbox"/>	<input type="checkbox"/>
• Pica (Eats non-food items)	<input type="checkbox"/>	<input type="checkbox"/>
• Family member with an elevated blood lead level	<input type="checkbox"/>	<input type="checkbox"/>
• Child is a newly arrived refugee or foreign adoptee	<input type="checkbox"/>	<input type="checkbox"/>
• Exposure to an adult with hobbies or jobs that may have risk of lead contamination (See Pb-110 for a list)	<input type="checkbox"/>	<input type="checkbox"/>
• Food sources (including candy) or remedies (See Pb-110 for a list)	<input type="checkbox"/>	<input type="checkbox"/>
• Imported or glazed pottery	<input type="checkbox"/>	<input type="checkbox"/>
• Cosmetics that may contain lead (See Pb-110 for a list)	<input type="checkbox"/>	<input type="checkbox"/>

The use of Form Pb-110, Lead Risk Questionnaire is optional. It is available at www.dshs.texas.gov/thsteps/forms.shtm.

EARLY CHILDHOOD INTERVENTION (ECI)

The ECI Physician Referral and Orders for Early Childhood Intervention (ECI) form is available at: <https://hhs.texas.gov/services/disability/early-childhood-intervention-services/eci-information-health-medical-professionals>