NAME:	MEDICAID ID:
DOB:	PRIMARY CARE GIVER:
GENDER: ☐ MALE ☐ FEMALE	PHONE:
DATE OF SERVICE:	INFORMANT:

18 MONTH CHECKUP CHILD HEALTH RECORD

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/MENTAL HEALTH SCREENING:
Use of standardized tool: ☐ ASQ ☐ PEDS P ☐ F ☐
Autism screening: ☐ M-CHAT™ ☐ M-CHAT-R/F™ P ☐ F ☐
Findings:

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 ☐ 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/fontanels	☐ 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*:

- Family Support
- Development/Behaviors
- Communication
- Nutrition
- Safety

**See Bright Futures for assistance*

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y ☐
Other Referral(s)

Return to office:

Signature/title

Signature/title

CHILD HEALTH RECORD

18 MONTH CHECKUP

Name: | Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

18 Month Checkup

- Lead risk assessment*
- Assist to describe feelings in simple words
- Provide age-appropriate toys to develop imagination/ self-expression
- Read books and talk about pictures/story using simple words
- Begin toilet training when ready
- Discipline constructively using time-out for 1 minute/ year of age
- Encourage supervised outdoor play
- Establish consistent bedtime routine
- Establish consistent limits/rules and consistent consequences
- Establish routine and assist with tooth brushing with soft brush twice a day
- Limit TV time to 1-2 hours/day
- Praise good behavior
- Provide opportunities for side-by-side play with others of same age group
- Maintain consistent family routine
- Make 1:1 time for each child in family
- Be aware of language used, child will imitate
- 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
- Use of front-facing car seat in back seat of car if >20 pounds

HEARING CHECKLIST FOR PARENTS (OPTIONAL)

Ages 18 to 24 months

Yes	No	
☐	☐	Understands simple "yes/no" questions
☐	☐	Understands simple phrases with prepositions ("in the cup")
☐	☐	Enjoys being read to and points to pictures when asked
☐	☐	Uses his or her own first name
☐	☐	Uses "my" to get toys and other objects
☐	☐	Tells experiences using jargon and words
☐	☐	Uses 2-word sentences like "my shoes," "go bye-bye," "more juice"

*LEAD RISK FACTORS

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

The use of the 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