

12 months to 4 years Worksheet

DATE:	AGE:
Reason for visit (Well check):	
Interim History since last well child visit:	
Concerns to discuss today: <i>OLD CARTS, present history in logical, chronological order</i>	
Review Past Medical History/Family Medical History (PMH/FMH): <i>Include appropriate information, including dates of hospitalizations/surgeries if possible, ages/illnesses of relatives</i>	
Medications: <i>Include names, dosages, and frequencies of prescription, over-the-counter, and alternative therapies</i>	
Allergies: <i>Include drug, food, and environmental allergies and patient's reaction</i>	
Social History: <i>Include who lives at home, who cares for the child/daycare, smoke exposure, pets</i>	
Nutritional Assessment: Breastfeeding ____ min every ____ hours. Mother's assessment of milk production: _____ milk _____ oz every _____ hrs (bottle/cups)	Other liquids (water/juice) Other foods/ Appetite/Schedule Wet diapers per day Stools per day Parent concerns regarding nutrition or output
Mental Health Assessment: Include: Tantrums, Behavior challenges, Sleep problems, New family stresses, Parenting needs, Child abuse risk	
Developmental Assessment/Ages and Stages Questionnaire/MCHAT (18 % 24 months): <i>List milestones achieved: gross motor/fine motor/language/personal-social</i>	
Review of Systems: Physical Exam: Vital signs Include Weight____, ____(%), Length____, ____(%), Head circumference____, ____(%), Temperature____, Pulse____, Respiratory Rate____, Blood Pressure (if applicable)____ BMI____ % General appearance Head Eyes Ears and Nose Mouth and Teeth	Oropharynx Neck/nodes Respiratory Cardiovascular Abdominal Genitalia Musculoskeletal Neurologic/Reflexes Skin Other
Screening: <i>Vision, Hearing, Hemoglobin, Lead questionnaire, Tuberculosis questionnaire, Dental screening/varnish,</i>	
Health Education/Anticipatory Guidance: <i>Nutrition: Milk & juice, advancing diet, growth charts Safety: Bath, Hot water temperature, Smoke detectors, Car seats, Childproofing, Ingestions, Choking, Walkers/jumpers, Falls, Firearms Health Promotion: Immunizations, Tobacco exposure, Med. Resource Use, Limit screen time, Monitor screen content Family: siblings, address concerns</i>	
Immunizations indicated today:	
Labs (hemoglobin/lead/other)/procedures (dental varnish) indicated today: <i>Based on screening and Texas Health Steps recommendations</i>	
Next Well Check:	