

## 12 months to 4 years Worksheet

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