## 12 months to 4 years Worksheet

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<th>DATE:</th>
<th>AGE:</th>
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### Reason for visit (Well check):

### Interim History since last well child visit:

### Concerns to discuss today:

*OLD CARTS, present history in logical, chronological order*

### Review Past Medical History/Family Medical History (PMH/FMH):

*Include appropriate information, including dates of hospitalizations/surgeries if possible, ages/illnesses of relatives*

### Medications:

*Include names, dosages, and frequencies of prescription, over-the-counter, and alternative therapies*

### Allergies:

*Include drug, food, and environmental allergies and patient’s reaction*

### Social History:

*Include who lives at home, who cares for the child/daycare, smoke exposure, pets*

### 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):

*List milestones achieved: gross motor/fine motor/language/personal-social*

### 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

#### Screening:

- **Vision, Hearing, Hemoglobin, Lead questionnaire, Tuberculosis questionnaire, Dental screening/varnish,**

#### Health Education/Anticipatory Guidance:

- **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**

#### Immunizations indicated today:

- **Labs (hemoglobin/lead/other)/procedures (dental varnish) indicated today:**
  - **Based on screening and Texas Health Steps recommendations**

### Next Well Check:

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Last updated 9/21/2017