



# WELL CHILD VISIT

## 18 Month

Name \_\_\_\_\_ Age in Months \_\_\_\_\_ Date of Visit \_\_\_\_\_

### Concerns/Discussion

- Sleep
- Family adjustment
- Speech
- Illnesses/Accidents
- Behavior/Discipline
- Other concerns
- Observe parent/Child interaction

### Nutrition

#### Meals

- Frequency \_\_\_\_\_ times/day
- Food variety \_\_\_\_\_

#### Bottle/Breast

- Frequency \_\_\_\_\_ times/day

#### Guidance

- 3 meals & 2-3 nutritious snacks/day
- Make meals pleasant (avoid fighting or forcing)
- Family meals
- Do not "comfort" or "reward" with food
- Encourage self feeding (increase spoon use)
- Variety of foods
- Expect variable intake (will balance diet over several days)
- Choking concerns

### Developmental/Behavioral

- 15-20 words
- Walks well; Starting to run
- Stacks 2-3 blocks

- Uses spoon and cup
- Listens to stories (short time)
- Shows affection ("kisses")
- Throws ball
- Temper tantrums
- Ignores instructions and requests

### Physical Exam

- General
- Wt \_\_\_\_\_ % \_\_\_\_\_
- Ht \_\_\_\_\_ % \_\_\_\_\_
- HC \_\_\_\_\_ % \_\_\_\_\_
- Monitor growth chart
- Temp \_\_\_\_\_
- Skin (Nevi, café au lait spots)
- Nodes
- Head
- Eyes
- Ears
- Nose
- Oropharynx (bottle tooth decay)
- Neck
- Chest/Breast
- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Hips/Extremities
- Neuro
- Evidence of Neglect/Abuse

### Screening/Immunizations

#### Screening

- Hearing (exam & history)
- Vision (exam & history)
- Lead—Screen high risk (educate all parents)
- Anemia—Screen high risk
- Tuberculosis—PPD for high risk
- Dental
  - Discuss fluoride
  - Exam and refer if abnormal
  - Educate on care

#### Immunizations

- Per ACIP schedule (Record below)
- Review record & "catch up" as needed

### Anticipatory Guidance

- Injury/Accident prevention
- Sleep—Avoid sleeping in parents' bed
- Discipline
  - Praise good behavior, limit number of rules, time out discussion (avoid hitting, spanking, yelling)
- Toilet training-discuss readiness signs (praise successes, DO NOT PUNISH)
- Limit TV viewing
- Reading
- Do not expect child to share
- Sibling rivalry

Immunizations given:

\_\_\_\_\_

\_\_\_\_\_

Record all abnormal findings below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment and Plan: \_\_\_\_\_

PHN Referral (if indicated) \_\_\_\_\_ WIC Referral (if indicated) \_\_\_\_\_

Physician Signature: \_\_\_\_\_