



Well Child Health Screen: 12-18 Months

Name: _____ Birthdate: _____ Visit Date: _____

General Health Updates

Who is completing this form?	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other, please list:
Any questions, concerns, or problems you want to discuss today?	
Any updates to the patient's health? (i.e. new conditions, surgeries, etc.)	
Any family health, family status or social updates we should be aware of?	
Any concerns about development, learning or behavior?	
Who lives with the patient?	
Any smoke or e-cigarette exposure?	
Anything else you want to share? (milestones, proud moments, etc.)	

Development

The following section is used to make sure they are developing normally. Each set of milestones is generally achievable by 75% of children of the same age. If you have questions/concerns, please talk to your provider.

If they are nearest 12 months , check the items they can do most of the time:	<input type="checkbox"/> Pulls up to stand <input type="checkbox"/> Walks, holding on to furniture <input type="checkbox"/> Picks things up between thumb and pointer finger, like small bits of food <input type="checkbox"/> Plays games with you, like pat-a-cake or peek-a-boo <input type="checkbox"/> Waves "bye-bye" <input type="checkbox"/> Calls a parent "mama" or "dada" or another special name <input type="checkbox"/> Looks for things they see you hide, like a toy under a blanket
If they are nearest 15 months , check the items they can do most of the time:	<input type="checkbox"/> Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog <input type="checkbox"/> Looks at a familiar object when you name it <input type="checkbox"/> Points to ask for something or to get help <input type="checkbox"/> Takes a few steps on their own <input type="checkbox"/> Shows you an object they like

Health Risk Screening

The following questions may prompt your provider to complete further testing, depending on the answer. Ask your provider if you have any questions about these health screening questions.

Do you have concerns about their eyes or vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about their hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Well Child Health Screen: 12-18 Months

Family Life

Are there barriers that prevent you from spending time each day interacting with them? Yes No

Does anyone in the home/family have problems with drugs or alcohol? Yes No Decline

Nutrition

Do you have concerns or questions about what or how they are eating? Yes No

Do you eat together as a family? Always Sometimes Never

Do they drink juice? Yes No

Oral Health

Does anyone in the house have current dental decay/cavities? Yes No Unknown

Do they take extra fluoride OR drink water that contains fluoride? Yes No Unknown

Do you brush their teeth twice a day? Yes No

Are you interested in having fluoride varnish applied during this visit? Yes No Maybe

Have they been to a dentist in the last 6 months? Yes No

Sleep

Healthy sleep is important for growth, development, and learning. Infants and toddlers may sleep 15-18 hours in a day, while school-aged children should be getting more than 10 hours a day. We do not recommend having a screen in their bedroom as this can affect sleep.

Do you have any concerns about the amount or quality of their sleep? Yes No

Activity & Screen Time

Does the patient spend any time in front of a screen (TV, phone, video games, etc.)? Yes No

Safety

Have you completed the items on the Home Safety Checklist? Yes No

Is the baby riding in a rear-facing car safety seat in the backseat every time in a vehicle? Yes No

Do you use sunscreen regularly? Yes No

Do you have questions about how to keep them safe around water? Yes No

Do you have any questions about how to demonstrate safe behavior around pets and animals? Yes No