SOUTHLAKE PEDIATRICS HEALTH SUPERVISION VISIT 15 MONTHS

Name:	DOB:	PHYSICAL EXAMINATION
Date of Visit		Length%Weight%
		remp remp ruse RR
Parental Language Barrier: N Y	(
PARENTAL CONCERNS/ONGOING & I	INTERIM PROBLEMS	Gen. Appearance Skin Head/Fontanel Eyes/RR/Strabismus Ears/Nose/Oropharynx
PAST MEDICAL HISTORY		☐ Neck/Nodes ☐ Chest/Lungs ☐ Cardiovascular/Pulses ☐ Abdomen
Alloraios	nation Departies	Genitalia Musculoskoletal/Hins
AllergiesImmuniz		Musculoskeletal/Hips Neuro/Reflexes Hearing Vision
DDECEME LICENSIA		ANTICIPATORY GUIDANCE Diet
PRESENT HISTORY		Off bottle Choking Limit juice Drowning/water safety
Medications:		Whole Milk Climbing
Diet:		Healthy Snacks
Whole milk		
Cup/weaning		Development Review immunizations Development Acctaminophen/Motrin dose
Solids		language stim/reading line smoking
Self-feeding		TV: limit time/watch with child Poison Control #933-4050
Bowel movements		Separation/transitional object Telephone
Sleep/Naps		☐ Time out/Time in ☐ Toilet training
Dental	· · · · · · · · · · · · · · · · · · ·	Dental Education Injury Prevention
DEVELOPMENT	•	Toddler car Seat Clean teeth
Cruises/Stands alone/Walks		IMMUNIZATIONS: DTaP/IPV/HIB Prevnar
Speech (2-4 words) Patty Cake/Waves bye-bye		☐ Vaccine Information Sheet given & discussed Vaccine concerns?☐ No☐ Yes: Resolved Deferred Refused Comments
SOCIAL		If vaccines not given, form signed? No Yes
Behavior/Discipline		ASSESSMENT/RECOMMENDATIONS: Healthy toddler
Daily screen time		
Family		Return for 18 month checkup
Smoke Exposure Yes No	1	MD
		, M.D
Child Care		SICK VISIT – Mod 25 CC:
Other		
		HPI:
Information completed by:		MDM:
Information completed by:		
Relationship to child:		>50% ofmin visit spent counseling