

WELL CHILD EXAM-EARLY CHILDHOOD: 18 Months

DATE

PATIENT NAME	DOB	SEX	PARENT/GUARDIAN NAME
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Allergies	Current Medications
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Prenatal/Family History

Weight	Percentile	Length	Percentile	Wt. for length Percentile	HC	Percentile	Temp.	Pulse	Resp.	BP (if risk)
	%		%	%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

Whole milk, cup only

Solids _____ servings per day

City water Well water

WIC Y N

Elimination Normal Abnormal

Sleep

Normal (8 - 12 hours) Abnormal

Additional area for comments on page 2

Screening and Procedures:

Oral Health Risk Assessment

Subjective Hearing -Parental observation/ concerns

Subjective Vision -Parental observation/ concerns

Standardized Developmental Screening

Completed

Tool Used _____

RESULTS: No Risk At Risk

Autism Screening

Completed

RESULTS: No Risk At Risk

Psychosocial/Behavioral Assessment

Y N

Screening for Abuse Y N

Screen If At Risk

IPPD _____ (result)

Hct or Hgb _____ (result)

Lead level _____ mcg/dl

Immunizations:

Immunizations Reviewed, Given & Charted
- if not given, document rationale

DTaP IPV HepB Flu HepA

MCIR checked/updated

Acetaminophen _____ mg. q. 4 hours

Patient Unclothed Y N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments

If yes, see additional note area on next page

Results of visit discussed with parent Y N

Plan

History/Problem List/Meds Updated

Fluoride Varnish Applied

Referrals

WIC Early On

Children Special Health Care Needs

Transportation Dentist

Other _____

Other _____

Anticipatory Guidance/Health Education
(√ if discussed)

Safety

Keep Poison Control number handy

Appropriate car seat placed in back seat

Parents use of seat belts

Use stair gates, safety locks, window guards

Childproof home - (window guards, cleaners, medicines, outlets, guns, dangling cords)

Supervise near mowers, driveways, streets

Smoke detectors, keep matches out of sight

Check home for lead poisoning hazards

Nutrition

Offer child a new food several times

Let toddler decide what/how much to eat

3 nutritious meals, 2-3 healthy snacks

Oral Health

Don't put toddler to bed with bottle

Brush toddler's teeth w/soft toothbrush

Child Development and Behavior

Set specific limits, be consistent

Delay Toilet Training until child is ready

May be anxious with new people/situations

Interactive talking, playing, singing, reading

Use simple clear phrases with your child

Help child focus on another activity when upset

Praise good behavior and accomplishments

Use discipline to teach, not punish

Family Support and Relationships

Keep family outings short and simple

Allow older children their own space/ toys

Help child express emotions appropriately

Eat meals as a family

Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Other Anticipatory Guidance Discussed:

Next Well Check: 24 months of age

A standardized developmental and an autism screening tool to be administered - see page 2. Page 3 required for Foster Care Children.

Provider Signature: _____

Page 2 - WELL CHILD EXAM-INFANCY: 18 Months – Developmental Screening

A standardized developmental screening tool and an autism screening tool should be administered (Medicaid required and AAP recommended) at the 18 month visit.

Please record findings on this page.

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening and Autism Screening completed: Date _____

Screener Used: ASQ ASQSE PEDS PEDSDM Other tool: _____ **Score:** _____

Autism Screener Used: M-CHAT PDDST-II **Score:** Pass Fail

Referral Needed: No Yes **Agency:** _____

Referral Made: No Yes **Date of Referral:** _____ **Agency:** _____

Current or Past Mental Health Services Received: No Yes (if yes please provide name of provider)

Name of Mental Health Provider: _____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Signature of Staff who gave/scored screener if applicable: _____

Provider Signature: _____

Provider Name _____

Please print

**THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 - WELL CHILD EXAM-EARLY CHILDHOOD: 18 Months**

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: _____ Phone Number: _____		<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) _____ <input type="checkbox"/> Caseworker

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

- Yes Please attach completed physical form utilized at this visit**
- No If no, please state reason physical exam was not completed** _____
- _____

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Provider Signature: _____

Provider Name _____

Please print

PARENT HANDOUT

Your Child's Health at 18 Months

Milestones

Ways your child is developing between 18 and 24 months.

- Says phrases of at least two words
- Stacks five or six blocks
- Is curious and likes to explore people, places and things
- Protests and says, "NO!"
- Kicks and throws a ball
- Imitates adults
- Kisses and shows affection
- Follows two-step directions

For Help or More Information:

Car seat safety:

- Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov
- To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

For information about childhood immunizations:

Call the National Immunization Program Hotlines at 1 (800) 232-4636 or online at <http://www.cdc.gov/vaccines>.

For information about lead screening:

visit the Michigan Bridges 4 Kids lead website at www.bridges4kids.org/lead.html or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc

For help finding childcare:

Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at: <http://www.michigan.gov/michildcare>

If you're concerned about your child's development:

Contact Early On Michigan at 1-800-327-5966 or Project Find at <http://www.projectfindmichigan.org/> or call 1-800-252-0052

Parenting skills or support:

Call the Parents HELPLine at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

Support for families of children with special health care needs:

Children Special Health Care Services, Family phone line at 1-800-359-3722

Prevention of Unintentional childhood injuries:

National Safe Kids Campaign 1-202-662-0600 or www.safekids.org.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips:

Your child's check-ups will be spaced farther apart as your child gets older. If you have concerns between checkups, be sure to call the doctor or nurse and ask questions.

Check to make sure your child has had all the shots he needs. If your child has missed some shots, make an appointment to get them soon. Your child needs all of the required shots to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer her a variety of healthy foods. Let her decide how much of each food to eat. Do not force her to finish food.

Your child needs two cups of milk or yogurt, or three slices of cheese each day. Avoid low-fat foods until age 2.

Each child develops in his own way, but you know your child best. If you think he is not developing well, you can get a free screening. Call your child's doctor or nurse if you have questions.

Parenting Tips:

Name your child's feelings out loud – happy, sad or mad. Use words to tell her what is coming next. Your child can understand more words than she can say. Give your child simple choices. Example "squash or peas?"

Calmly set limits for your child by giving him something different to do. Praise him when he does things that you like.

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Make sure your child is in a safe place (like a crib) and walk away.
2. Call a good friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

Falls often cause young children to get hurt. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to your child while they are playing.

Your child may try to get out of her car seat. Avoid letting her get out, because then she will try again and again.

- If she tries, be firm, stop the car, and refuse to move until she stays buckled in.
- Take soft toys, picture books, and music to entertain your child in the car.
- Wear your own seat belt, too.