

Four Seasons Pediatrics

Well Visit Form for 9 Month, 12 Month & 15 Month Well Visit

Child's Name: _____ Birth Date: _____ Age: _____

Today's Date: _____

Feeding History:

- What kind of milk (breast or formula and type) does your child take? _____
- If Bottle-fed – ounces usually ingested in 24 hours: _____
- If Breast-fed: # feedings/24 hours: _____
- Is your child on solids? _____
- Does your child often have diarrhea? _____
- Any problems with feeding? _____
- Is your child on fluoride drops? _____

Behavior:

- Any problems with your child's sleeping? _____
- Does your child have any difficult behavior you would like to change? _____

Illnesses:

- If your child is on medicines, name them: _____
- Has your child had any serious illnesses since the last check up? _____

Development:

Please check the boxes to indicate if your 9 month old does the following:

- | | |
|---|---|
| <input type="checkbox"/> Pokes his/her fingers at objects | <input type="checkbox"/> Babbles and imitates sounds |
| <input type="checkbox"/> Sits well by him/herself | <input type="checkbox"/> Waves bye-bye or plays pat-a-cake |
| <input type="checkbox"/> Creeps on the floor | <input type="checkbox"/> Turns to your voice when you are talking |

Please check the boxes to indicate if your 12 month old does the following:

- | | |
|---|---|
| <input type="checkbox"/> Puts toys into a container (toy box) | <input type="checkbox"/> Says 'mama and dada' specifically to you |
| <input type="checkbox"/> Briefly stands by him/herself | <input type="checkbox"/> Says 2 other words besides mama/dada |
| <input type="checkbox"/> Walks with one hand held | <input type="checkbox"/> Gives you an object when you ask for it |
| <input type="checkbox"/> Uses thumb/finger to grab things | <input type="checkbox"/> Helps getting dressed (lifting his arms) |

Please check the boxes to indicate if your 15 month old does the following:

- | | |
|--|--|
| <input type="checkbox"/> Drinks from a cup | <input type="checkbox"/> Feeds self |
| <input type="checkbox"/> Identifies body parts | <input type="checkbox"/> Understands simple directions |

Social:

- Are both parents living at home? _____
- Do you have any concerns about meeting your daily needs, paying for medications, household income, food or housing, crime or other social and economic issues? _____
- Does anyone in the family have any vision, hearing or cognitive problems that would hinder communication with the medical provider? _____
- There are concerns about firearms in the home _____

Screening – Please check the box if any of the following are true:

- My child has had exposure to tuberculosis or a person with a positive skin test
- My child spends a significant amount of time in a home built before 1960
- There is a family history of high cholesterol of > 240 in either parent or grandparents
- There is a family history of heart disease before 55 in either parent or grandparents
- There is a family history of mental health concerns or substance abuse.

Vaccine Information Statements (Check One)

- I will review the in-room copy
- I will review the on-line copy at your website
- I would like a paper copy

The Wellness Times – Four Seasons Pediatrics



8th Visit - Today's Weight: _____ Height: _____

15-17 Months

Injury Prevention

The most common accidents that



occur at this age:

- **Burns:** Do not let your child near the stove. Turn handles inward.
- **Poisoning:** Keep medications out of reach.
- **Street Safety:** Give your child a firm warning if they start walking toward the street. This may need to be repeated many times.
- **Drowning:** Do not leave your child unsupervised in or near a filled tub, pool, bucket of water, ditch or cesspool.

Nutrition

Pickiness is common. When given other than a favorite food, your child may not eat, but will commonly pick at it. Do not force them eating. If your drinking water does not contain fluoride, your child should be taking 0.25 mg daily.

Growth and Development

Negativism is very common, and is best handled by ignoring or re-directing your child. He may say no a lot.

If your child has had some limits set for the last 3-6 months, he

will know that you will limit certain behaviors. Your child will continue to test you, but will learn to obey if a consistent approach is taken. It is very important for parents to talk about how they should approach behaviors. Different approaches for the same behaviors confuse children and are more likely to result in behavior issues that are prolonged.

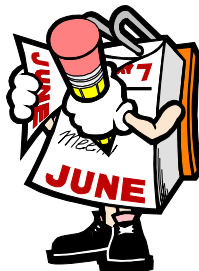
Healthy Habits



Don't let the TV become a babysitter. Limit television to no more than 1-2 hours a day. Choose educational TV such as PBS.

- Boys are usually not ready for toilet training. Girls may show interest in sitting on the potty. Most become aware of soiled diapers and want to be changed.

Next Visit



Your next health visit will be the 18 month well child visit. Please notify us as soon as possible (no later than 24 hours prior to your appointment) if you cannot make an appointment.

Immunizations

Your child may receive one or more of the following vaccines:

- **DaPT** (Diphtheria, Pertussis and Tetanus) There is a slightly higher chance of redness and swelling with the 4th dose of this vaccine
- **MMR Vaccine** . If there is a reaction from the MMR vaccine, it is usually not until 7-10 days later. 1 in 10 children will have mild symptoms that consist of a runny nose, red eyes, and a low-grade fever. 1 in 20 will have a red rash. This reactions will resolved on their own.
- **Varicella Vaccine**
- **Flu Vaccine** (seasonal)