

12 MONTH WELL CHECK-UP

NAME _____ DATE _____ DOB _____

Caregiver concerns: _____

Daily Activities

Crawling _____
Climbing _____
Other _____

Stools

Number _____
Color _____
Consistency _____

Physical Exam

Please use growth chart

Hgt. _____ % _____
Wgt. _____ % _____
HC _____ % _____
HEENT _____

Feeding

Drinks from cup _____
Drinks from bottle _____
Bottle at bedtime _____
Table foods _____
Spoon feeding _____

Development

Three words other than mama,dada _____
Imitates actions _____
Pulls self to stand _____
Walks _____
Cruises _____
Comes when called _____
Uses pincer grasp _____

Neck _____
Lungs _____
Heart _____
Abdomen _____

GU _____
Ortho _____
Neuro _____
Skin _____

Impression

Plan HCT
Tine Test #1
MMR (12-15 months)
IPV booster

SS Prep (if black)
DTP or DTaP at 15+month
Varivax (if parent desires)

Topics Discussed

1. Dental caries from nocturnal bottle – wean _____
2. Decreased appetite in coming year _____
3. Interaction: Reading, pictures, allow to explore _____
4. Baby can be taught parts of body _____
5. Set limits _____
6. Switch from formula to low fat milk 2% _____
7. Poison prevention _____
8. Other _____

Return to office _____