

15 MONTH WELL CHECK-UP

NAME _____ DATE _____ DOB _____

Caregiver concerns: _____

Daily Activities

Toys _____

Other _____

Feeding

Off bottle _____

On table food _____

Milk intake/24hrs _____

Stools

Number _____

Color _____

Consistency _____

Constipation _____

Development

Three to six words & immature jargoning _____

Walks without support _____

Creeps upstairs _____

Runs clumsily _____

Builds tower of two blocks _____

Physical Exam

Please use growth chart

Hgt _____ % _____

Wgt _____ % _____

H.C. _____ % _____

HEENT _____

Neck _____

GU _____

Lungs _____

Ortho _____

Heart _____

Neuro _____

Abdomen _____

Skin _____

Impression

Plan MMR

Discuss possible reaction (fever & rash 7-10 days later)

Give only if Tine is negative. Give appropriate dose of Tylenol for fever.

Topics Discussed – This is time to air problem areas, either at home or with infant.

1. Accidental poisoning _____ 2. Other _____

Return to office _____