

18 MONTH WELL CHECK-UP

NAME _____ DATE _____ DOB _____

Caregiver concerns: _____

Daily Activities

Temper Tantrums _____

Toilet Training _____

Stools

Number _____

Color _____

Consistency _____

Constipation _____

Physical Exam

Please use growth chart

Hgt _____ % _____

Wgt _____ % _____

H.C. _____ % _____

HEENT _____

Neck _____

Lungs _____

Heart _____

Abdomen _____

Feeding

Picky Eater _____

Table Foods _____

Other _____

Development

Says ten-twenty words _____

Walks up steps with help _____

Runs clumsily _____

Copies parents with tasks _____

Throws a toy _____

Feeds self with spoon _____

GU _____

Ortho _____

Neuro _____

Skin _____

Impression

Plan

DTaP (if not given at 15 months)

Topics Discussed

1.Toilet Training _____

2.Dental Care: Restriction of cokes & candy, mouth rinsing _____

3.Child has no sense of danger _____

4. Appropriate dose of Tylenol for temperature > than 101 degrees that is related to DTaP immunization _____

5. Other _____

Return to office _____