

Name: _____ DOB: _____ Today's Date: _____



TWELVE MONTH WELL CHILD CHECK

INTERVAL HISTORY

Any changes in your family since last visit? <input type="checkbox"/> Move <input type="checkbox"/> Job change <input type="checkbox"/> Divorce <input type="checkbox"/> None <input type="checkbox"/> Other:
Any relatives diagnosed with new medical issues since last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:

SENSORY / BEHAVIORAL / DEVELOPMENTAL SURVEILLANCE

Are you concerned about your baby's hearing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you concerned about your baby's speech?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you concerned about your baby's vision?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do your child's eyelids droop or does one eyelid tend to close?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have your child's eyes ever been injured?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any concerns about your baby's growth / learning / behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe:
Mark the tasks that your child can do: <input type="checkbox"/> Bangs toys together <input type="checkbox"/> Imitates sounds you make <input type="checkbox"/> Waves bye <input type="checkbox"/> Looks at things you look at <input type="checkbox"/> Babbles <input type="checkbox"/> Tries to do what you do <input type="checkbox"/> Cries when you leave <input type="checkbox"/> Stands alone <input type="checkbox"/> Hands you book to read <input type="checkbox"/> Drinks from cup <input type="checkbox"/> Follows simple directions <input type="checkbox"/> Speaks 1 to 2 words <input type="checkbox"/> Plays peekaboo	

LEAD / TB / ORAL HEALTH RISK ASSESSMENTS

Does your child have a sibling or playmate who has or had lead poisoning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live/visit a house or daycare built before 1978 that has recently been remodeled?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live in or regularly visit a house or child care facility built before 1950?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was your child born in a country where tuberculosis is prevalent (outside the US)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child traveled (>1 week) to a country at high risk of tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child had contact with anyone with tuberculosis or a positive PPD test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your child infected with HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you know of a dentist you can take your child to?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child's water source contain fluoride?	<input type="checkbox"/> No <input type="checkbox"/> Yes

ANTICIPATORY GUIDANCE:

- Use time-out when your child is behaving badly. Praise him/her for good behavior.
- Make sure everyone who cares for your child gives healthy foods and uses the same rules for discipline.
- Your child should have at least one nap per day. Space it to make sure your child becomes tired for bed.
- Have a simple bedtime routine that includes a book. Avoid TV, tablets, phones, or computers before bedtime.
- Stranger anxiety is normal and peaks at this age.
- Have your child eat with the family at the table. Encourage him/her to feed self. Feed 3 meals, 2-3 snacks a day.
- Your child can drink whole milk now instead of formula. He/she no longer needs to avoid honey.
- Continue rear-facing car seat until child is 2 years old or reaches the height/weight allowed by the manufacturer.
- Call Poison Help (1-800-222-1222) if your child ingests poisonous substances. Put away knives/scissors/guns.
- As soon as your child grows teeth, start brushing twice a day, with a smear of toothpaste. Take him/her to dentist.