PEDIATRIC HEALTH
ASSESSMENT HEALTH
15 MONTHS

CHILD'S NAME: _____ DATE: _____

AGE: _____ ALLERGIES: _____

ANY CURRENT OR RECENT MEDICATIONS? _____

PAST AND CURRENT MEDICAL PROBLEMS? _____

PRESENT CONCERNS/PROBLEMS: _____

_____

ACCOMPANIED BY:_____ RELATIONSHIP:_____

DAILY LIVING: (FILLED OUT BY PARENT OR GUARDIAN)

DIET: MILK TYPE: (circle) WHOLE, 2%, 1%, SKIM NUMBER OF OUNCES PER DAY _____
OTHER DAIRY (like cheese or yogurt) SERVINGS/DAY _____
SOLID FOODS (SERVINGS/DAY) CEREAL/BREAD/GRAIN _____ FRUIT _____ VEGS _____ MEAT/PROTEIN _____
BABY OR TABLE FOOD? _____
JUICE (OUNCES/DAY)_____ WATER (OUNCES/DAY) _____
WATER SUPPLY (CIRCLE): CITY WELL BOTTLED IF BOTTLED, NURSERY OR REGULAR? _____
DOES THE CHILD GET circle FLUORIDE - VITAMINS - IRON SUPPLEMENTS

ANY SIBLING RIVALRY OR JEALOUSY?.....	☐ NO	☐ YES
ANY STRESSFUL SITUATIONS IN THE HOUSEHOLD? describe briefly.....	☐ NO	☐ YES
DO PARENTS OR CAREGIVERS EVER SMOKE?.....	☐ NO	☐ YES
IS REAR FACING CAR SEAT USED ALL THE TIME?.....	☐ NO	☐ YES
HAVE SMOKE ALARMS?.....	☐ NO	☐ YES
ANY EXPOSURE TO ANYONE WITH TB OR WITH HIGH RISK (BORN OR LIVED OUTSIDE THE UNITED STATES, HOMELESS, INCARCERATED, HIV/DRUG USE)?	☐ NO	☐ YES
HOUSE BUILT BEFORE 1980, OR LOCATED NEAR LEAD-RELATED INDUSTRIES?.....	☐ NO	☐ YES
HOUSEHOLD MEMBER/CLOSE CONTACT WITH HIGH LEAD WORK/HOBBY EXPOSURE?....	☐ NO	☐ YES
OTHER LEAD EXPOSURE (I.E.: EATS NON-FOOD ITEMS / PICA; USE ANTIQUE DISHES, ETC; USE PRODUCTS FROM OTHER COUNTRIES SUCH AS HEALTH REMEDIES, ETC.).....	☐ NO	☐ YES

ANY PROBLEMS WITH BOWEL MOVEMENTS/URINE STREAM? _____

DESCRIBE SLEEP HABITS (HOURS/DAY):_____ NUMBER OF NAPS PER DAY(HR/DAY)_____

DOES THE CHILD SLEEP IN OWN CRIB?.....	☐ NO	☐ YES
DOES THE CHILD HAVE A BOTTLE AT NIGHT?.....	☐ NO	☐ YES
DOES CHILD SLEEP THROUGH THE NIGHT WITHOUT FEEDING?.....	☐ NO	☐ YES

DESCRIBE WORK/DAY CARE SITUATION: _____
WHO LIVES AT HOME? _____

DEVELOPMENT: (FILLED OUT BY PARENT OF GUARDIAN)

ANY CONCERNS ABOUT VISION OR HEARING?.....	☐ NO	☐ YES
USES 5-15 WORDS?.....	☐ NO	☐ YES
POINTS TO TWO BODY PARTS?.....	☐ NO	☐ YES
UNDERSTANDS SIMPLE COMMANDS?.....	☐ NO	☐ YES
POINTS TO PICTURES IN A BOOK?.....	☐ NO	☐ YES
WALKS ALONE?.....	☐ NO	☐ YES
FEEDS SELF?	☐ NO	☐ YES
SCRIBBLES WITH PEN OR CRAYON?.....	☐ NO	☐ YES
GIVES AND TAKES FOOD OR TOYS?.....	☐ NO	☐ YES
THROWS OBJECTS IN PLAY?.....	☐ NO	☐ YES
TRANSFERS OBJECTS BETWEEN HANDS?.....	☐ NO	☐ YES