

**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