18 Month Visit

NAME

Are you concerned about your child's......
1. Nutrition or eating habits?  YES  NO
2. Bowel movements?  YES  NO
3. Skin color or rashes?  YES  NO
4. Frequent illnesses?  YES  NO
5. Communication skills?  YES  NO
6. Development?  YES  NO
7. Sleep habits?  YES  NO

Does your child......
1. Laugh in response to others?  YES  NO
2. Explore alone, with parent in close proximity?  YES  NO
3. Show spontaneous affection?  YES  NO
4. Try to help around the house?  YES  NO
5. Vocalize or gesture 6 words?  YES  NO
6. Point to indicate to someone else what he/she wants?  YES  NO
7. Point to 1 body part  YES  NO
8. Follow simple directions with out gestured cues?("sit down")  YES  NO
9. Show interest in a doll or stuffed animal by hugging or pretend feeding?  YES  NO
10. Know the name of favorite books?  YES  NO
11. Run?  YES  NO
12. Walk up steps?  YES  NO
13. Imitate crayon strokes?  YES  NO
14. Use a spoon or cup without spilling most of the time?  YES  NO
15. Have interest in toileting behavior?  YES  NO
16. Ride in a rear facing safety seat?  YES  NO
17. Kept away from cigarette smoke?  YES  NO
18. Is there a gun in the home?  YES  NO  If so, locked?  YES  NO

Tuberculosis Screen (TB)
1. Has a family member or contact had tuberculosis disease?  YES  NO
2. Has a family member had a positive TB test?  YES  NO
3. Was your child born outside the US, Canada, Australia, New Zealand or Western Europe?  YES  NO
4. Has your child traveled to a high risk country for more than 1 week?  YES  NO

LEAD Screen (Pb)
1. Does your child live in or regularly visit a house built before 1950?  YES  NO
2. Does your child live in or visit a house built before 1978 with recent remodeling or renovation? (with in 6 months)  YES  NO
3. Have a sibling or playmate who now or did have lead poisoning?  YES  NO

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Do you have any other concerns you wish to discuss?  

YES  NO

Office use only

WT  HT  HC