



Name:	DOB:	Actual Age:
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### HealthWatch EPSDT 12 - 15 MONTHS

<b>INTAKE &amp; VITAL SIGNS</b>					
Height:	Weight:	H.C.:	Temp.:	Pulse:	Resp.:
Allergies:			Growth Charts Completed: [ ]		

<b>INTERVAL HISTORY</b>		Has WIC: Yes / No	Physical activity:
Diet:	Breastfeed or Bottle		Stools:
Accidents:			Meds./Vits.:
Illnesses:		Exposure to tobacco smoke:	TB Risk: Yes / No

<b>GROWTH-DEVELOPMENT:</b>			
<input type="checkbox"/>	Walks alone well	<input type="checkbox"/>	Feeds self
<input type="checkbox"/>	Takes lids off containers	<input type="checkbox"/>	Plays pat-a-cake
<input type="checkbox"/>	Holds cup to drink	<input type="checkbox"/>	Stoops and recovers
<input type="checkbox"/>	Dada, Mama specific	<input type="checkbox"/>	Scribbles
<input type="checkbox"/>	3 word vocabulary	<input type="checkbox"/>	2 block tower

<b>PARENTAL CONCERNS:</b>
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PHYSICAL EXAMINATION					
Legend: ✓ = Normal      x = Abnormal					
General Appearance	<input type="checkbox"/>	Well nourished and developed	Heart	<input type="checkbox"/>	No murmurs, regular rhythm
	<input type="checkbox"/>	No abuse/neglect evident	Lungs	<input type="checkbox"/>	Breath sounds normal bilaterally
Head	<input type="checkbox"/>	Symmetrical, A.F. open _____ cm	Abdomen	<input type="checkbox"/>	Soft, no masses, liver & spleen normal
Eyes	<input type="checkbox"/>	Conjunctivae, sclerae, pupils normal	Genitalia: Male	<input type="checkbox"/>	Normal appearance, circ./uncirc.
	<input type="checkbox"/>	Red reflexes present		<input type="checkbox"/>	Testes in scrotum
	<input type="checkbox"/>	Appears to see [ ] No strabismus	Female	<input type="checkbox"/>	No lesions, nl external appearances
Ears	<input type="checkbox"/>	Canals clear, TMs normal	Hips	<input type="checkbox"/>	Good abduction
	<input type="checkbox"/>	Appears to hear	Femoral pulses	<input type="checkbox"/>	Present and equal
Nose	<input type="checkbox"/>	Passages patent	Extremities	<input type="checkbox"/>	No deformities, full ROM
Mouth & pharynx	<input type="checkbox"/>	Normal color, no lesions	Skin	<input type="checkbox"/>	Clear, no significant lesions
Neck	<input type="checkbox"/>	Supple, no masses palpated	Teeth	<input type="checkbox"/>	Grossly normal
			Neurologic	<input type="checkbox"/>	Alert, moves extremities well

<b>ASSESSMENT:</b>
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<b>PLAN:</b>
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<b>ORDERS:</b>	<input type="checkbox"/>	Vaccine reactions, risks and follow-up explained / VIS sheet given.	<input type="checkbox"/>	Hep A	
<input type="checkbox"/>	MMR	<input type="checkbox"/>	Lead Blood Test (at 12 months)	<input type="checkbox"/>	Influenza vaccine
<input type="checkbox"/>	DTaP	<input type="checkbox"/>	Varicella	<input type="checkbox"/>	WIC Referral
<input type="checkbox"/>	IPV	<input type="checkbox"/>	Prevnar	<input type="checkbox"/>	Immunization registry entry
<input type="checkbox"/>	Hib	<input type="checkbox"/>	HCT (between 9 to 12 months)	<input type="checkbox"/>	Rx for fluoride .25/.50 mg QD, refill till age 2
<input type="checkbox"/>	Hep B	<input type="checkbox"/>	PPD		
<input type="checkbox"/>	Fluoride varnish application	<input type="checkbox"/>	Refer to dentist at 1 year		

<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>
<b>Diet:</b> Table food, milk, junk food, using cup/bottle, encourage solids, no bottles in bed.
<b>Behavior:</b> Feeding self, simple games
<b>Injury &amp; Violence Prevention:</b> No hard objects or food the size of baby's pinky, toddler car seat, emergency care plan, smoke detector, drug and toxic chemical storage, poison center phone no.,
<b>Childproofing:</b> safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp., drowning, street safety, gun in home, home first aid kit, matches, cabinets and latches, lead poisoning prevention.
<b>Guidance:</b> Explain temper tantrum, family play, not ready for toilet training, shoes, bottle, education on Fluoride varnish treatment and dental referral starting at one year, treatment of minor cuts & bruises, childcare plan, sun screen.

<input type="checkbox"/>	Refer to appropriate agency.	<input type="checkbox"/>	Return for Hep A#2 in 6 months.
Next appointment [ ] 3 months or _____	Signature _____	Date _____	