

12 MONTH OLD

NAME _____

DATE _____



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MEDICAL HISTORY

Has your child had any reactions to medications or immunizations?
Does your child take any medications (daily or as needed)?
Is your child currently taking any vitamins, supplements, "alternative medicines" or therapies?
Are there any major illnesses in the family? Which ones? _____
Are there any major changes or stresses in the family (moves, deaths, separation, etc)?
Is your child in day care?
Has your child ever been diagnosed with an immunodeficiency?
Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

NUTRITION

Is your baby breastfed?
Does your baby take a bottle?
Does your baby drink anything other than milk and water?
Is your baby eating table foods?

PREVENTIVE HEALTH

Does your child always ride in a car seat and in the backseat?
Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?
Have those alarms been checked in the past 12 months?
..... Do you live in a home built before 1960 (possible lead exposure)?
Does a family member frequently work with lead (car batteries, making stain glass, etc)?
Does your child live with anyone who smokes?
Has your child had close contact with anyone who has tuberculosis (TB), or is at high risk for TB
(anyone who has lived in a developing country, been institutionalized, homeless, IV drug user, HIV positive)?
_____ How many hours of "screen time" (TV, movies, video games etc) is your child around per day?

REVIEW OF SYSTEMS *(Does your child have any current problems with the following?)*

eyes (crossing, not focusing, drainage, inflammation, etc)
swallowing or eating
coughing, breathing, shortness of breath, wheezing, or turning blue
vomiting
stooling (diarrhea, constipation, or blood in the stools)
urination (change in frequency, or blood in the urine)
extremities (feet, legs, arms, hands)
Has your child received blood, plasma, respigam, or gammaglobulin?

DEVELOPMENT (please check the things that your child is currently doing)

Gross motor	crawls	pulls to stand	cruises around furniture	stands alone
Fine motor	pincer grasp (finger & thumb)		feeds self	
Social	plays peek-a-boo		indicates wants without crying	
Language	nonspecific "mama/dada"		understands any words	specific mama/dada

CONCERNS

Do you have any special concerns today?