

# 15 MONTH OLD

NAME \_\_\_\_\_

DATE \_\_\_\_\_



[www.pedsnw.net](http://www.pedsnw.net)

## 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 child breastfed?
- Does your child take a bottle?
- Does your child drink anything other than milk and water?
- Does your child eat food from all 4 food groups?

## 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?
- ..... 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)
- hearing
- coughing, breathing, shortness of breath, wheezing, turning blue, or limitation in activity level
- vomiting, swallowing or eating
- 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	cruises around furniture	stands alone	walks	crawls upstairs
Fine motor	<input type="checkbox"/> feeds self	stacks two cubes		
Social	indicates wants without crying	gives and takes toy		
Language	hears	understands any words	points for needs	says any words

Please name several activities you enjoy doing with your child:

## CONCERNS

Do you have any special concerns today?