

Well Child Check: 18 Month Visit



Child's Name: _____ DOB: _____ Date: _____

Please answer the following questions. It will help your clinicians spend more time discussing those specific issues that concern you. PLEASE FILL OUT ALL PAGES.

Does your child run?	YES	NO	UNSURE
Does your child walk upstairs?	YES	NO	UNSURE
Can your child kick a ball?	YES	NO	UNSURE
Can your child feed him/herself with a spoon?	YES	NO	UNSURE
Can your child take some of their clothes off?	YES	NO	UNSURE
Can your child scribble?	YES	NO	UNSURE
Can your child point to at least one body part when asked?	YES	NO	UNSURE
Can your child use at least 4 to 10 words?	YES	NO	UNSURE
Is your child beginning pretend play (feed a doll, push a toy car)?	YES	NO	UNSURE
Does your child point out planes, birds, or other objects to you?	YES	NO	UNSURE
Does your child like to play with other kids?	YES	NO	UNSURE
Does your child follow simple commands? ("get the ball")	YES	NO	UNSURE
Does your child usually drink more than 4 oz. of juice or sweetened drinks daily?	YES	NO	UNSURE
How many ounces of milk does your child drink in 24 hours? _____ oz.			
	Whole	Low Fat	Non-Fat
Is your child completely weaned from the bottle?	YES	NO	UNSURE
Does your child eat meat (such as fish, chicken, beef, or pork)?	YES	NO	UNSURE
Does your child sleep through the night, without feeding?	YES	NO	UNSURE
Do you read to your child daily?	YES	NO	UNSURE

Risk Assessment for Tuberculosis Exposure/Infection:			
Has a family member or contact had tuberculosis disease?	YES	NO	UNSURE
Since your child's last well check has a family member or contact had a positive Tuberculosis test?	YES	NO	UNSURE
Was your child born in a high-risk country? (Countries other than the United States, Canada, Australia, New Zealand, or Western European countries)?	YES	NO	UNSURE
Has your child traveled to (or had contact with people who live in) a high-risk country for more than one week (countries other than the United States; Australia, New Zealand or Western European countries)?	YES	NO	UNSURE

Do you have any other concerns about your child's development or any other concerns you would like to discuss with the provider? If YES, please describe below: